



Oto-Laryngology

Test Request Form

Client Information	<input type="checkbox"/> Rush	<input type="checkbox"/> Fax
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Patient Information	
Last Name	
First Name	
Social Security #	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race	
Date of Birth	
Street	
City State Zip	
Telephone ()	
Specimen Date (Required by State and Federal Law)	
I accept responsibility for bills related to the testing of my specimen:	
Patient Signature	

Requesting Doctor	
Last Name	
First Name	
NPI#*	
Practice/Facility Name	
Street	
City State Zip	
Telephone () Fax ()	
Email	
Physician Signature *Required by CMS	

For specimen collection kits, please call 1.800.537.TEST or indicate kits required below:	
<input type="checkbox"/> # _____	Serum Specimen Collection Kits

Billing Information <small>Caution: Provide complete insurance information or send photocopy of patient's insurance card. Failure to do so will result in direct patient billing.</small>	
Send bill to:	<input type="checkbox"/> Patient <input type="checkbox"/> Insurance <input type="checkbox"/> Doctor <input type="checkbox"/> Lab
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No
ID #	
Insurance Name	
Street	
City State Zip	
Telephone ()	
Insurance #	
Group #	
Subscriber Name	
Subscriber DOB	
ICD-10 Codes	
Credit Card # Exp.	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	

Immco Diagnostics, Inc. complies with the Health Insurance Portability and Accounting Act (HIPAA). **The information provided herein will remain strictly confidential. For a copy of Immco's Policy, please contact customer service.**

Specimen

For **autoimmune hearing loss testing**, collect 5 -10 ml of blood in red top or serum separator tube. If possible, separate serum from clot and place serum in tube provided. Do not puncture top of tube. If separation facilities are not available, the blood can be sent in the collection tube.

Tests

Autoimmune Hearing Loss

- 340 Anti-68kD (hsp-70) antibodies
- 370 **Sensorineural Hearing Loss Profile I** includes all tests in the group below:
 - 340 68kD (hsp-70) antibodies
 - 001 ANA titer and pattern on HEp-2 & Mouse kidney
 - 003 ANCA – anti-neutrophil cytoplasmic antibodies
 - 008 Anti-Phospholipid/Cardiolipin (APL) antibody level: IgG, IgM & IgA
 - 011 Rheumatoid Factor (RF) level; IgM, IgA & IgG
 - 014 Circulating Immune Complexes (CIC) level
 - 015 Anti-Collagen Type II antibody level

Ship to Immco Diagnostics

Pack Specimen Collection Kit following these simple steps:

1. Place tube(s) into specimen collection bag.
2. Place test requisition and a copy of the patient's medical insurance information and any other pertinent paperwork into the outside pocket of specimen bag.
3. Fold and roll specimen bag and contents into white mailer box and place in Orange FedEx Clinical Pak.
4. Place Pre-paid FedEx return airbill on outside of Clinical Pak and call FedEx for a pick up at 1-800-463-3339.

Overnight Courier Service: Ship specimen free of charge using FedEx® Priority Overnight Service. Please follow instructions contained in the Specimen Collection Kit. Pack Specimen Collection Kit, together with completed Test Request Form, into shipping box and send to:

**Immco Diagnostics, Inc.
10 Earhart Drive, Suite 100
Williamsville, NY 14221**

Questions? Call 1.800.537.TEST for Immco Customer Service or visit us online at immco.com.

www.immco.com



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