

TEST REQUISITION FORM

1 PATIENT DEMOGRAPHIC INFORMATION

(REQUIRED – THIS PAGE AND COPY OF VALID DRIVER'S LICENSE):

Last Name/First Name/M.I. _____ / _____ / _____
 Address/City/State/Zip _____ / _____ / _____
 Contact Phone Number (____-____-____) DATE OF BIRTH: ____/____/____
☐ MALE ☐ FEMALE RACE: _____

PAYMENT INFORMATION

(REQUIRED – photocopy of both sides/INSURANCE CARD(s); both sides/VALID CREDIT CARD):

☐ INSURANCE (PROVIDE CARD): ☐ CASH (SELF PAY) ☐ CLIENT PAY
☐ WORKER'S COMP ☐ AUTO

SPECIMEN INFORMATION

COLLECTION DATE: ____/____/____

TIME _____ (24-hour time) ☐ Fasting ☐ Non-fasting

☐ Serum ☐ Dry Blood Spot Card (DBS) Number of Cards Included _____

Phlebotomist Name: _____

2 PROVIDER INFORMATION

(INCLUDE MEDICAL NECESSITY ICD-10 CODES/NOTES BELOW):

Practice or Clinic Name _____
 Address/City/State/Zip _____ / _____ / _____
 Ordering Provider/NPI _____ / _____ Phone Number (____-____-____) _____

DIAGNOSIS CODES REQUIRED.
PLEASE PROVIDE ALL RELEVANT ICD-10 CODES
for medical necessity per each test.
 SEE commonly used ICD10 codes at bottom of form.

LIST ICD-10 CODES BELOW: ADDITIONAL TEST REQUESTS:

1. _____
 2. _____
 3. _____
 4. _____

Provider Signature _____

3

RUALLERGIC™ Custom Allergy Profiles

Please check the drop next to the profile defined in section 3 that you wish to run.
 Testing will only be conducted for the profiles that are checked."



Immune Response D

RU_ALLERGIC™ Immune Response D offers insights into the immune response to 60 dietary allergens, specifically related to IgG antibody reactions. While detecting food-IgG specific antibodies doesn't always signify allergy or intolerance, it does reflect the body's physiological reaction to food exposure.



Immune Response E

RU_ALLERGIC™ Immune Response E offers insights into the immune response to 44 environmental allergens, specifically related to IgG antibody reactions.

COMMONLY USED ICD-10 CODES. These codes are provided as a convenience only; it is not a comprehensive list.

Z91.010 Allergy to Peanuts
 L27.2 Dermatitis due to ingested foods
 29.70 Gastritis, unspecified
 K59.00 Constipation, unspecified
 R14.3 Flatulence
 K90.89 Other intestinal malabsorption
 L70.9 Acne, unspecified substance taken internally

Z91.012 Allergy to eggs
 R19.7 Diarrhea, unspecified
 J01.80 Other acute sinusitis
 R53.82 Chronic fatigue, NOS
 J45.32 Moderate persistent asthma w/status asthmaticus
 J45.990 Exercise-induced bronchospasm
 J20.9 Acute bronchitis

J45.991 Cough variant asthma
 J31.0 Chronic rhinitis
 J30.1 Allergic rhinitis due to pollen
 J01.40 Acute pansinusitis, NOW
 J30.2 Other seasonal allergic rhinitis
 J30.5 Allergic rhinitis due to food
 J45.50 Severe persistent asthma, uncomplicated

4 PATIENT CONSENT

I authorize ClinLGX and/or its authorized agents, to run the specified tests on my blood sample and/or nasal swab. I understand that as a courtesy, ClinLGX and/or its authorized agents will make every reasonable effort to obtain reimbursement for ordered tests. I understand that I am making an assignment of my insurance plan benefits to ClinLGX and/or its authorized agents. I also authorize the release of any information contained in my records that is needed to file and process insurance or medical plan claims, to pursue appeals on any denied or partially paid claims, for legal pursuit as to any unpaid or partially paid claims, or to pursue any other remedies necessary in connection with same. Bill to my insurance: I understand that if my insurance company pays me directly for services rendered by ClinLGX, I am responsible for forwarding such payment to ClinLGX. I also understand that I am responsible for any deductible/co-payment and coinsurance, or other obligations, as required by my plan and state laws.

DATE: _____