

## 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.

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_