



**RIDGEWOOD
DIAGNOSTIC
LABORATORY**
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CLIA No. 31D2109691



ADULT ALLERGY REQUISITION

| SPECIMEN COLLECTION | | |
|-----------------------|-------|---|
| DATE: | TIME: | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Collector Name: _____ | | |

A Patient Information:

Last Name: _____ First Name: _____ MI: _____ Phone #: _____
 SSN: _____ DOB: _____ Gender: M F
 Address: _____ City: _____ State: _____ Zip: _____
 Billing Information: **ATTACH INSURANCE INFORMATION (Including insurance company name, group #, ID #, demo sheet)**
 Insurance Medicare Medicaid PIP Workers Comp Self-Pay

| DIAGNOSIS CODE: | |
|----------------------------------|--------------------------------|
| <input type="checkbox"/> L27.2 | <input type="checkbox"/> R19.7 |
| <input type="checkbox"/> K59.00 | <input type="checkbox"/> J30.2 |
| <input type="checkbox"/> R14.3 | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Z91.018 | <input type="checkbox"/> _____ |

ACAP Adult Comprehensive Allergy Panel – Testing Requires 2 Full SST Tubes

| | | | | | |
|-----------------------|-----------------------|------------------------|----------------------|--------------------|---------------------|
| Alder | Cat Dander-Epithelium | Dog Dander | Honey Bee Venom | Nettle | Walnut |
| Almond | Chocolate | Dog Epithelium | Johnson Grass | Oak | White Ash |
| Alternaria Tenuis | Cladosporium Herbarum | Duck Feathers | June Grass | Orchard Grass | White Hickory |
| Aspergillus Fumigatus | Clam | Egg White | Lamb's Quarters | Peanut | White Pine |
| Aspergillus Niger | Cocklebur | Egg Yolk | Latex | Pecan Nut | Wild Rye Grass |
| Bahia Grass | Cockroach | Elm | Lobster | Pistachio | Yellow Hornet |
| Bermuda Grass | Common Ragweed | English Plantain | Maple | Shrimp | Yellow Jacket Venom |
| Brome Grass | Common Sagebrush | False Ragweed | Meadow Fescue | Sweet Vernal Grass | |
| Canary Grass | Cottonwood | Giant Ragweed | Meadow Foxtail Grass | Timothy Grass | |
| Candida Albicans | Dandelion | Glycyphagus Domesticus | Milk | Turkey Feathers | |
| Cashew | D-Farinae | Hazelnut | Mugwort | Velvet Grass | |

SBSP Sick Building Syndrome Panel – Testing Requires 2 Full SST Tubes

| | | | | | |
|--------------------|----------------------|----------------------|----------------------------|--------------------|--------------------------|
| American Cockroach | D-Pteronyssinus | Imported Fire Ant | Onion | Rabbit Epithelium | Tyrophagus Putrescentiae |
| Black Pepper | Garlic | Mouse | Paper Wasp Venom | Rat | |
| Blomia Tropicalis | Goose Feathers | Mouse Epithelium | Parrot Feathers | Rat Epithelium | |
| Chicken Feathers | Hamster Epithelium | Mouse Serum Proteins | Penicillium Brevicompactum | Rat Urine | |
| Chili Pepper | House Dust-Greer | Mouse Urine | Penicillium Notatum | Tobacco | |
| D-Microceras | House Dust-Hollister | Mucor Racemosus | Pigeon Droppings | Trichoderma Viride | |

AFAP Adult Food Allergy Panel – Testing Requires 2 Full SST Tubes

| | | | | | |
|---------------|----------------|--------------|-------------|--------------|------------|
| Asparagus | Brewer's Yeast | Corn | Lettuce | Oregano | Soybean |
| Avocado | Broccoli | Crab | Mango | Oyster | Spinach |
| Baker's Yeast | Cabbage | Cucumber | Melon | Pineapple | Tomato |
| Banana | Casein | Flounder | Mold Cheese | Pork | Tuna |
| Basil | Cheddar Cheese | Ginger | Mushroom | Red Snapper | Watermelon |
| Beef | Chicken Meat | Gluten | Mustard | Rye | Wheat |
| Blue Mussel | Coconut | Green Pepper | Oat | Salmon | Whey |
| Blueberry | Coffee | Lamb | Orange | Sesame Seeds | Yogurt |

B Patient Authorization and Assignment of Benefits

I certify that I have voluntarily provided a fresh and unadulterated specimen for analytical testing. The information provided on this form and on the specimen cup label is accurate. I consent to the analysis of this specimen by the laboratory and I authorize release of my test results to the testing physician or facility. I HEREBY ASSIGN TO RIDGEWOOD DIAGNOSTIC LABORATORY LLC all of my rights and benefits under my insurance plan, including the right to pursue payment from my insurance carrier, the right to receive payment directly from my insurance carrier, and the right to file appeals, arbitration proceedings, and/ or litigation against the carrier or any other responsible entity to recover payment for the laboratory's services. I authorize and direct my insurance carrier to make payment directly to Ridgewood Diagnostic Laboratory for the services it has provided. I authorize any holder of my medical records to release any information necessary to determine the benefits payable for these services. I understand that Ridgewood Diagnostic Laboratory may be an out-of-network provider with my insurance carrier and that the carrier may send payment for the laboratory's services directly to me. If that happens, I agree to immediately endorse the insurance check and submit it to Ridgewood Diagnostic Laboratory. Failure to do so within 30 days of my receipt of any insurance check may result in collection proceedings against me and/ or notice to credit reporting agencies. **I have read the ABN on the reverse side of this form. If Medicare or my insurance carrier denies payment or makes partial payment, I agree that I am financially responsible for any unpaid charges.**

Patient Signature _____ Date _____

C Practitioner Authorization

Medicare and other payors only cover testing that is medically necessary. The undersigned affirms that the testing ordered on this requisition is medically necessary for the diagnosis and treatment of the patient for whom the testing has been ordered. I hereby authorize the above ordered laboratory test(s).

Physician Signature _____ Date _____

| | | |
|--|--|--|
| Print Patient Name DOB (Mo./Day/Yr.) BARCODE | Print Patient Name DOB (Mo./Day/Yr.) BARCODE | Print Patient Name DOB (Mo./Day/Yr.) BARCODE |
| Print Patient Name DOB (Mo./Day/Yr.) BARCODE | Print Patient Name DOB (Mo./Day/Yr.) BARCODE | Print Patient Name DOB (Mo./Day/Yr.) BARCODE |

Advanced Beneficiary Notice

Medicare will only pay for services that it determines to be reasonable and necessary under section 1882(a) (1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under the Medicare Program standards, Medicare will deny payment for that service. Medicare usually does not pay for these tests for the reported diagnosis. By signing the Patient/Responsible Party Signature on the front of this requisition, you are confirming your agreement to assume financial responsibility for the payment of these tests.

ICD-10 CODES

**Chart notes must reflect diagnosis selected.
Commonly used codes are listed below as a convenience.
Check all codes that apply.**

- Z91.010 Allergy to peanuts
- L27.2 Dermatitis due to ingested foods
- K29.70 Gastritis, unspecified
- K59.00 Constipation, unspecified
- R14.3 Flatulence
- K90.89 Other intestinal malabsorption
- L70.9 Acne, unspecified
- L50.0 Allergic Urticaria
- Z91.018 Allergy to other foods
- L27.9 Dermatitis due to unspecified substance taken internally
- Z91.012 Allergy to eggs
- R19.7 Diarrhea, unspecified
- J01.80 Other acute sinusitis
- 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
- R53.82 Chronic fatigue, NOS
- J30.2 Other seasonal allergic rhinitis
- J45.50 Severe persistent asthma, uncomplicated