



IMMUNOSCIENCES LAB., INC.

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TEST REQUEST FORM

**IF THE INFORMATION BELOW IS INCOMPLETE OR INCORRECTLY FILLED OUT,
THERE MAY BE A DELAY IN THE PROCESSING OF YOUR SAMPLE.**

PATIENT'S NAME (LAST)				(FIRST)			
BIRTH DATE	SEX	DATE & TIME COLLECTED	SAMPLE COLLECTOR'S INITIALS				
ADDRESS							
CITY		STATE		ZIP CODE			
PHONE (INCLUDE AREA CODE)				PATIENT ID			

DOCTOR'S NAME (LAST)		(FIRST)		UPIN#
ADDRESS				
CITY		STATE		ZIP CODE
PHONE NO.			FAX NO.	
DIAGNOSIS:				

BILLING INFORMATION

BILL TO

DOCTOR LAB
by permission or request

PREPAID

CASH CHECK MC VISA

CARDHOLDER'S NAME _____

CREDIT CARD NO. _____

EXPIRATION DATE _____

CARDHOLDER'S SIGNATURE _____

DOCTOR'S SIGNATURE _____
If signature is not available,
please attach doctor's
prescription. _____

SPECIMENS RECEIVED: **FOR ISL USE ONLY**

RED/SST

SERUM

COMMENTS _____

DATE RECEIVED: _____ TIME RECEIVED: _____

**Immunosciences Lab., Inc. (ISL) is a fee-for-service provider.
ISL does not bill any insurance provider, including Medicare.**

I agree to pay the costs for the analysis requested. I understand the testing will be performed upon receipt of full payment. I understand I will receive a statement for the testing performed by ISL, and if I choose, I can submit this invoice to my insurance carrier.

Responsible Party's Name _____ Relation to Patient _____

Responsible Party's Signature _____ Date _____

- 2010 - Autoimmune Profile-Basic (ANA, RF, C1Q)**
- 2011 - Autoimmune Panel-Comprehensive (ANA, ENA, DNA, RF, C1Q, Actin IgG, Mitochondrial IgG)**
- 2012 - Arthritis Panel (Citrullinated Peptide IgG, RF, C1Q)**
- 2013 - Autoimmune Liver Disease (Actin IgG, Mitochondrial IgG)**
- 2014 - Gastrointestinal Autoimmunity & Gluten Sensitivity (Gastric Parietal Cell; Gliadin IgG, IgA; Transglutaminase IgG, IgA)**
- 2015 - B. burgdorferi IgG, IgM by ELISA (IgG, IgM against B. burgdorferi by ELISA)**
- 2016 - B. burgdorferi IgG, IgM by Western Blot (IgG, IgM against B. burgdorferi by Western Blot)**

- 2017 - Immunoserology of Lyme Panel A (IgG, IgM against tickborne antigens by Multi-Peptide ELISA)**
- 2018 - Immunoserology of Lyme Panel B (IgG, IgM against tickborne antigens by Multi-Peptide ELISA & Western Blot)**
- 2019 - Epstein-Barr Virus (EBV) Panel (VCA IgG, IgM; EA IgG; EBNA IgG, IgM)**
- 2020 - Viral Screen (EBV-VCA IgG, IgM; CMV IgG, IgM; Herpes 1+2 IgG, IgM)**
- 2022 - Viral Panel Premier (EBV-VCA IgG, IgM; EA IgG; EBNA IgG, IgM; CMV IgG, IgM; Herpes 1+2 IgG, IgM; HHV-6 IgG, IgM; VZV IgG)**
- 2023 - Viral Panel Comprehensive (EBV-VCA IgG, IgM; EA IgG; EBNA IgG, IgM; CMV IgG, IgM; Herpes 1+2 IgG, IgM; HHV-6 IgG, IgM; VZV IgG; Measles IgG, IgM)**