

TEST REQUEST FORM

Patient Name: (Last) (First)		Referring Physician:		
Date of Birth:		Sex: F / M	Clinic Name:	
		Clinic Address:		
Patient Address:		Clinic Phone #:		
		Clinic Fax #:		
Patient Phone #:		Date Blood Drawn:	Time:	Date Blood Sent:

DIAGNOSIS	<input type="checkbox"/> Recurrent Pregnancy Loss	<input type="checkbox"/> Endometriosis	<input type="checkbox"/> Other (<i>specify</i>) _____
<input type="checkbox"/> IVF Failure	<input type="checkbox"/> Unexplained Infertility	<input type="checkbox"/> Non-Pregnant	<input type="checkbox"/> Pregnant (<i>gestational age:</i> _____) Diagnosis Code: _____

NK PANEL (RIPh, NKa)-Levels of NK and NK functionality assay	2 green
PREGNANCY MONITORING PANEL (APA, RIPh)	1 red/tiger, 1 green
<i>If on heparin, also add</i> (APTT, Platelets)	1 blue, 1 lavender
IVF SCREEN PANEL (APA, ATA, RIPh, NKa)	1 red/tiger, 2 green
PREGNANCY LOSS PANEL (APA, ANA, ATA, LA, APTT, PT, ETA, IgG,M,A, RIPh, NKa)	3 red/tiger, 2 green, 2 blue
THROMBOPHILIA PANEL (Factor XIII, B-Fibrinogen, Prothrombin, Factor V, MTHFR, PAI-1, HPA1) *	2 swabs
COAGULATION PANEL (LA, APTT, PT)	2 blue
IMPLANTATION FAILURE PANEL (APA, ANA, ATA, ETA, IgG,M,A, RIPh, NKa)	3 red/tiger, 2 green
OVARIAN RESERVE PANEL (INH-B, AOA, AMH)	2 red/tiger
PREMATURE OVARIAN FAILURE PANEL (APA, ANA, ATA, AOA, INH-B)	3 red/tiger

INDIVIDUAL TESTS

CPT CODE

<input type="checkbox"/> Anti-Phospholipid Antibodies (APA) 21 full panel (aCL, aPT, aPE, aPI, aPCL, aPG, aPS)	0304	1 red/tiger
<input type="checkbox"/> Reproductive Immunophenotype (RIPh)	0901	1 blue
<input type="checkbox"/> Levels of NK cells	0902	1 green
<input type="checkbox"/> Natural Killer Cell Activation Assay (NKa)	0903	1 green
<input type="checkbox"/> Embryotoxicity Assay (ETA)		1 red/tiger
<input type="checkbox"/> Blocking Factors		Female (serum) male (1 green)
<input type="checkbox"/> Anti-Mullerian Hormone (AMH)		1 red/tiger
<input type="checkbox"/> Inhibin-B	0601	1 red/tiger
<input type="checkbox"/> DNA Fragmentation	1103	cryovial
<input type="checkbox"/> Anti-Sperm Antibodies (serum)	0403	1 red/tiger
<input type="checkbox"/> Anti-Sperm Antibodies (semen. Plasma)	0404	
<input type="checkbox"/> Anti-Zona pellucida Antibodies	0402	1 red/tiger
<input type="checkbox"/> Anti-Ovarian Antibodies (AOA)	0401	1 red/tiger
<input type="checkbox"/> Anti-Thyroid Antibodies (ATA)	0504	1 red/tiger
<input type="checkbox"/> Anti-Nuclear Antibodies (ANA)	0201	1 red/tiger
<input type="checkbox"/> aCL-IgG (anti-cardiolipin IgG)		1 red/tiger
<input type="checkbox"/> aCL-IgM (anti-cardiolipin IgM)		1 red/tiger
<input type="checkbox"/> aβ2GPI-screen (IgA/IgG/IgM)		1 red/tiger

<input type="checkbox"/>	Platelets-Leukocyte aggregates (PLA)	
<input type="checkbox"/>	FSH	1 red/tiger
<input type="checkbox"/>	LH	1 red/tiger
<input type="checkbox"/>	Estradiol (E2)	1 red/tiger
<input type="checkbox"/>	Testosterone	1 red/tiger
<input type="checkbox"/>	Progesterone	1 red/tiger
<input type="checkbox"/>	Prolactin	1 red/tiger
<input type="checkbox"/>	DHA-S	1 red/tiger
<input type="checkbox"/>	FT3	1 red/tiger
<input type="checkbox"/>	FT4	1 red/tiger
<input type="checkbox"/>	TSH	1 red/tiger
<input type="checkbox"/>	TAT	1 red/tiger
<input type="checkbox"/>	MAT	1 blue
<input type="checkbox"/>	Prothrombin time (PT)	1 blue
<input type="checkbox"/>	Activated Partial Thromboplastin Time (aPTT)	1 blue
<input type="checkbox"/>	Fibrinogen	1 blue
<input type="checkbox"/>	PTT LA (lupus anti-coagulant)	1 blue
<input type="checkbox"/>	other specify	

SPECIMEN SHIPPING & HANDLING INSTRUCTIONS

Collection and handling of samples depends on the origin of the country.

The physician will be advised about the usage of tubes and the conditions and will proceed in drawing blood. Even from far destination **special tubes** can be used for transportation.

The patient information and the blood draw date should be written clearly on the tube.

A separate test request form for each patient should be filled out for each patient.

The total amount will be pre-paid and before the delivery of the results.

CONTACT



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