

SPECIMEN	<input type="checkbox"/> SERUM	Alletess No.:
	<input type="checkbox"/> DRIED BLOOD SPOT	
	DATE COLLECTED ___/___/___	

LAB USE ONLY

REV 112822

PATIENT INFORMATION	LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH ___/___/___	GENDER	
	STREET ADDRESS		CITY	STATE	ZIP	COUNTRY
	PHONE			EMAIL		

BILLING	BILL TO <input type="checkbox"/> PROVIDER ACCOUNT (INFORMATION ON FILE) <input type="checkbox"/> PATIENT (INCLUDE CC INFORMATION BELOW OR ATTACH CHECK)					
	CARD HOLDER NAME			EXP DATE (MM/YY)	TOTAL AMOUNT TO CHARGE (USD)	
	PATIENT CREDIT CARD NUMBER [Blacked out]			CARD HOLDER SIGNATURE		

PROVIDER INFORMATION	PROVIDER NAME (PLEASE PRINT)		CREDENTIAL	CLINIC NAME		
	STREET ADDRESS		CITY	STATE (NY NOT ACCEPTED)	ZIP	COUNTRY
	PHONE	FAX		EMAIL		

PROVIDER'S SIGNATURE: REQUIRED

A representative will contact you for payment information if not provided. Missing or incomplete information may delay test results.

SERUM PANELS:

The panels below can be ordered using a serum collection kit

FOOD SENSITIVITY PANELS	✓
96 Food Sensitivity - IgG	<input type="checkbox"/>
184 Food Sensitivity - IgG	<input type="checkbox"/>
204 Food Sensitivity - IgG	<input type="checkbox"/>
Vegetarian Food Sensitivity - IgG	<input type="checkbox"/>
Pescatarian Food Sensitivity - IgG	<input type="checkbox"/>
96 Food Sensitivity - IgA	<input type="checkbox"/>
184 Food Sensitivity - IgA	<input type="checkbox"/>
Vegetarian Food Sensitivity - IgA	<input type="checkbox"/>
Pescatarian Food Sensitivity - IgA	<input type="checkbox"/>
Add a Wellness Plan to any Food Sensitivity Panel above	
Asian Food Sensitivity Panels	
Japanese 96 - IgG	<input type="checkbox"/>
Chinese 96 - IgG	<input type="checkbox"/>
Chinese 165 - IgG	<input type="checkbox"/>

FOOD SENSITIVITY / ALLERGY BUNDLES	15 IgE	25 IgE	50 IgE
96 IgG &	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
184 IgG &	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
204 IgG &	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add a Wellness Plan to any Food Sensitivity Panel above			

ALLERGY PANELS	✓
Pet / Animal Allergy Assessment	<input type="checkbox"/>
Vaccine Component	<input type="checkbox"/>
Comprehensive Health Exposure (Allergens related to Occupations, Buildings, Hobbies, Self-Care, & Eating)	<input type="checkbox"/>
Total IgE (only)	<input type="checkbox"/>

REGIONAL ALLERGY PANELS	12 IgE	25 IgE
Central Plains (AR, LA, MS, OK, TX)	<input type="checkbox"/>	<input type="checkbox"/>
Midwest (IA, IL, IN, KS, MI, MN, MO, NE, ND, OH, SD, WI, WV)	<input type="checkbox"/>	<input type="checkbox"/>
Northeast (CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT)	<input type="checkbox"/>	<input type="checkbox"/>
Northwest (ID, MT, OR, WA, WY)	<input type="checkbox"/>	<input type="checkbox"/>
Southern (AL, DC, FL, GA, KY, NC, SC, TN, VA)	<input type="checkbox"/>	<input type="checkbox"/>
Southwest (AZ, CA, CO, NM, NV, UT)	<input type="checkbox"/>	<input type="checkbox"/>

FOOD ALLERGY PANELS - IgE	✓
15 Common Foods	<input type="checkbox"/>
25 Comprehensive Foods	<input type="checkbox"/>
50 Expanded Foods	<input type="checkbox"/>
Tick-bite Induced Meat Allergy	<input type="checkbox"/>
Alpha Gal (Individual)	<input type="checkbox"/>
10 IgE - Food Group Specific Panels	
Cereal & Grains	<input type="checkbox"/>
Dairy & Egg	<input type="checkbox"/>
Legume	<input type="checkbox"/>
Fish	<input type="checkbox"/>
Shellfish	<input type="checkbox"/>
Spice	<input type="checkbox"/>
Tree Nut	<input type="checkbox"/>

UNEXPLAINED INFLAMMATION PANELS	✓
Autoimmune & Fatigue Screen (Hashimoto's, RA, & Lupus)	<input type="checkbox"/>
Celiac Evaluation Profile*	<input type="checkbox"/>
Gluten Related Disorders* (96 or 184 IgG Food Panel, Celiac Panel, Wheat IgE, Gluten IgE, Wellness Plan)	<input type="checkbox"/> 96 or <input type="checkbox"/> 184
*Complimentary Gluten-Free Plan w/ positive results	

GASTROINTESTINAL PANELS	✓
Gastrointestinal Portfolio (96 or 184 IgG Food Panel, Candida Profile, H. pylori, Gluten Related Disorders & Wellness Plan)	<input type="checkbox"/> 96 or <input type="checkbox"/> 184
Gastrointestinal Panel (96 or 184 IgG Food Panel, Candida Profile, H. pylori & Wellness Plan)	<input type="checkbox"/> 96 or <input type="checkbox"/> 184
H. pylori (IgG)	<input type="checkbox"/>
Candida Profile (Candida albicans IgA / IgG / IgM & Immune Complex)*	<input type="checkbox"/>
Candida albicans (IgA / IgG / IgM)	<input type="checkbox"/>
*Complimentary Candida Elimination Plan w/ positive results	

MOLD IMMUNOREACTIVITY	✓
Super Mold Immunoreactivity (15 IgE / 16 IgG / 7 IgA)*	<input type="checkbox"/>
Mold Immunoreactivity (6 IgE / 7 IgG / 7 IgA)*	<input type="checkbox"/>
*Complimentary Mold Elimination Plan w/ positive results	

FINGER STICK PANELS:

Can be ordered using a finger stick / dried blood spot collection kit

96 Food Sensitivity - IgG	<input type="checkbox"/>
184 Food Sensitivity - IgG	<input type="checkbox"/>
204 Food Sensitivity - IgG	<input type="checkbox"/>
Vegetarian Food Sensitivity - IgG	<input type="checkbox"/>
Pescatarian Food Sensitivity - IgG	<input type="checkbox"/>
Add a Wellness Plan to any Food Sensitivity Panel above	
Asian Food Sensitivity Panels	
Japanese 96 - IgG	<input type="checkbox"/>
Chinese 96 - IgG	<input type="checkbox"/>
Chinese 165 - IgG	<input type="checkbox"/>

WRITE IN A LA CARTE ALLERGENS &/OR ADD ON'S	✓
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Wellness Plan

Need some guidance? Add on a Wellness Plan to help navigate your elimination diet.

This 15+ page booklet is customized for **you** based on **your** food sensitivity results. It will prove to be an excellent tool to refer to while eliminating and re-introducing positive foods. The Wellness Plan includes resources, such as, a shopping list, suggested 4-day rotation diet, FAQ's, wallet card listing positive foods, and additional food information resources. Wellness Plans can even be tailored to meet your dietary needs and can be made vegetarian, pescatarian, vegan, paleo, gluten free, casein free, kosher, or free of red meat.