



Please attach the following documents with this test order
 Medical Necessity Patient Care-plan
 SOAP Notes Medication List, if any
 Visit History Notes

IMMUNOGENOMICS
 202 INDUSTRIAL BLVD, STE 502
 SUGARLAND, TX 77478

P: 832-500-4462
 F: 832-276-7352

REQUISITION

PROVIDER INFORMATION

Facility Name (NPI): _____ Address: _____ City: _____
 State/Country: _____ Zip: _____ Phone: _____
 Ordering Provider (Last, First)(NPI) _____ Phone _____
 Fax/Email _____

SPECIMEN DATA

Date Collected: _____
 Time: _____ AM or PM
 SPECIMEN TYPE/SOURCE:
 Oral Fluid Urine vol: _____
 Blood Swab

BILL TO

Medicare/Medicaid Direct Bill
 Commercial Insurance

PATIENT INFORMATION

Last Name: _____ First Name: _____ M.I. _____
 Date of Birth: _____ Gender: M F SSN: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____
 Insurance: _____ Patient ID: _____
 Policy Number: _____ Group Number: _____

PLEASE ATTACH COPY OF PATIENT FACE SHEET & INSURANCE CARD

Provider Signature/Date

SOURCE: _____
 FASTING Y N STAT ROUTINE

ICD10 CODES (Required): Physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of the patient.

PRESCRIBED MEDICATIONS: (please list or attach med list) _____

TOXICOLOGY

- Order PRESUMPTIVE Immunoassay Drug Test
 Order DEFINITIVE LCMS which will test all below

- ANTICONVULSANTS**
 Gabapentin
 Pregabalin
 Carbamazepine
- ANTIDEPRESSANTS**
 Amitriptyline
 Doxepin
 Imipramine
 Norsertaline
 Nortriptyline
 Paroxetine
 Norfluoxetine
- BARBITURATES**
 Amobarbital
 Butalbital
 Phenobarbital
 Pentobarbital
 Secobarbital
- BENZODIAZEPINES**
 Alprazolam
 Clonazepam
 Diazepam
 Flunitrazepam
 Flurazepam
 Lorazepam
 Midazolam
 Oxazepam
 Temazepam
- ILLICITS**
 6 MAM (heroin metabolite)
 Benzoylcegonine (cocaine)
 Ketamine
 MDEA
 MDA
 MDMA (ecstasy)
 Methamphetamine
 Mitragynine
 Phencyclidine (PCP)
 THC
- MUSCLE RELAXANTS**
 Baclofen
 Carisoprodol
 Cyclobenzaprine
 Meprobamate
- OPIATES**
 Codeine
 Hydrocodone
 Hydromorphone
 Morphine
 Norhydrocodone
 Oxycodone
 Oxymorphone
- STIMULANTS**
 Amphetamine
 Methylphenidate
 Methamphetamine
- OPIOIDS: SYNTHETIC**
 Buprenorphine
 Fentanyl
 Meperidine
 Metadone/RDDP
 Naloxone(Suboxone)
 Naltrexone
 Norbuprenorphine
 Norfentanyl
 Normeperidine
 O-Desmethyltramadol
 Propoxyphene
 Tramadol
 Tapentadol
 Sufentanil
- OTHER**
 Cotinine
 Phentermine
 Ritalinic Acid
 Zolpidem
- ALCOHOL**
 Ethanol
 ETG / ETS

CHEMISTRY/HEMATOLOGY

- COVID-19 ANTIBODY**
 SARS-CoV-2 IgG
 SARS-CoV-2 IgM
- CBC (Complete Blood Count)**
- CMP (Complete Metabolic Panel)**
 A/G Ratio
 Albumin
 ALP (Alkaline Phosphatase)
 ALT (Alanine Aminotransferase)
 AST (Aspartate Aminotransferase)
 BUN (Blood Urea Nitrogen)
 Calcium
 CO2 (Carbon Dioxide)
 Creatinine
 Direct Bilirubin
 eGFR (calculated)
 Globulin
 Glucose
 ISE (Na, K, Cl)
 Total Bilirubin
- BMP (Basic Metabolic Panel)**
 BUN (Blood Urea Nitrogen)
 BUN/Creatinine Calc
 Calcium
 CO2 (Carbon Dioxide)
 Creatinine
 eGFR
 Glucose
 Phosphorus
 ISE (Na,K,Cl)
- URINE HEAVY METALS**
- LIPID PANEL**
 Cholesterol (Total)
 HDL Cholesterol
 LDL (Calculated)
 Triglycerides
- HEPATIC PANEL**
 Albumin
 ALP
 ALT
 AST
 Direct Bilirubin
 GGT
 Total Bilirubin
 Total Protein
- RENAL PANEL**
 Albumin
 BUN
 BUN/Creatinine Calc
 Calcium
 CO2 (Carbon Dioxide)
 Creatinine
 eGFR
 Glucose
 Phosphorus
 ISE (Na,K,Cl)
- IRON STUDIES**
 Direct TIBC
 Ferritin
 Folate
 Iron
 Transferrin Saturation
 Vitamin B12
- THYROID PANEL**
 Free T3
 Free T4
 Total T3
 Total T4
 Thyroglobulin Antibody
 Thyroglobulin
 TPO Antibody
 TSH (3rd IS)
- MAGNESIUM**
- URIC ACID**
- HgbA1c**

MOLECULAR

- UTI / UTM (URINARY TRACT INFECTION)**
- STD (URINE)**
 Atopobium vaginae
 BVAB2
 Candida albicans
 Chlamydia trachomatis
 Escherichia coli
 Enterococcus faecalis
 Streptococcus agalactiae (Group B)
 Gardnerella vaginalis
 Mycoplasma genitalium
 Uncultured megasphaera 1
 Neisseria gonorrhoeae
 Prevotella bivia
 Trichomonas vaginalis

MOLECULAR, CONTINUED

- RPP, UPPER RESPIRATORY** (COVID-19, FLU A, FLU B, RSV A, RSV B, FLU A-H1 PDM09, and FLU A-H3)
- RPP/COMPREHENSIVE**
RPP Upper Respiratory +
 Adenovirus (AdV)
 Enterovirus (HEV)
 PIV (1, 2, 3, 4)
 Metapneumovirus (MPV)
 Bocavirus 1/2/3/4 (HBOV)
 Rhinovirus (HRV)
 Coronavirus NI63 (NI63)
 Coronavirus 229E (229E)
 Coronavirus OC43 (OC43)
 Mycoplasma pneumoniae
 Chlamydia pneumoniae (CP)
 Legionella pneumophila (LP)
 Haemophilus influenzae (HI)
 Streptococcus pneumoniae
 Bordetella pertussis (BP)
 Bordetella parapertussis
- STD/STI (SWAB)**
 Atopobium Vaginae
 Bacteroides Fragilis
 BVAB2
 Candida Albicans
 Candida Dubliniensis
 Candida Glabrata
 Candida Krusei
 Candida Lusitaniae
 Candida Parapsilosis
 Candida Tropicalis
 Chlamydia Trachomatis
 Escherichia Coli
 Enterococcus Faecalis
 Gardnerella Vaginalis
 Haemophilus Ducreyi
 HSV1 / HSV2
- COVID-19 TEST ONLY**
- PGx (PHARMACOGENOMICS)**
- CGx (CanceroGenomics)**
- NGx (NutriGenomics)**
- INHERITED EYE DISEASE PANEL**
- INHERITED CARDIAC PANEL**
- IMMUNODEFICIENCY PANEL**
 Lactobacillus Crispatus
 Lactobacillus Gasseri
 Lactobacillus Iners
 Lactobacillus Jensenii
 Mobiluncus Curtisii
 Mycoplasma Genitalium
 Mycoplasma Hominis
 Mobiluncus Mulieris
 Uncultured Megasphaera 1
 Uncultured Megasphaera 2
 Neisseria Gonorrhoeae
 Prevotella Bivia
 Staphylococcus Aureus
 Streptococcus Agalactiae (Group B)
 Treponema Pallidum (Syphilis)
 Trichomonas Vaginalis
 Ureaplasma Urealyticum

Additional Tests/Special Instructions

PATIENT AUTHORIZATION

I voluntarily consent to the collection and testing of my specimen. I understand that I am responsible for all co-pays, deductibles, and amounts not covered by my insurance. I assign to ImmunoGenomics LLC. all insurance payment(s) made for any laboratory services provided to me and direct same to represent me in any grievances or appeals process relating to the payment of these laboratory services. I consent to the release of any medical records necessary to process any insurance claim(s).