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 CLIA # 14D2064071
 Milab.us

REQUISITION FORM

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

Payment (Check / Money Order/ Visa / Master Card / American Express) must accompany the specimen.

<input type="checkbox"/> Check # _____ Amount \$ _____
<input type="checkbox"/> Credit Card # _____ Expiration Date _____ CVV Code: _____
Name on Credit Card _____ Authorized Signature _____

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

PANELS	<input type="checkbox"/> IMPLANTATION FAILURE PANEL (APA, ANA, ATA, ETA, IgG,M,A, RPh, NKa)	3 red/tiger, 2 green
	<input type="checkbox"/> NK PANEL (RPh, NKa)	2 green
	<input type="checkbox"/> PREGNANCY LOSS PANEL (APA, ANA, ATA, LA, APTT, PT, ETA, IgG,M,A, RPh, NKa)	3 red/tiger, 2 green, 2 blue
	<input type="checkbox"/> PREGNANCY MONITORING PANEL (APA, RPh)	1 red/tiger, 1 green

CPT CODE		
<input type="checkbox"/> Activated Partial Thromboplastin Time (APTT)	85730	1 blue
<input type="checkbox"/> Anti-Nuclear Antibodies (ANA)	86225,86226,86235	1 red/tiger
<input type="checkbox"/> Anti-Phospholipid Antibodies (APA)	86147,86148,83516	1 red/tiger
<input type="checkbox"/> Anti-Thyroid Antibodies (ATA)	86376,86800	1 red/tiger
<input type="checkbox"/> Embryotoxicity Assay (ETA) *	89251	1 red/tiger
<input type="checkbox"/> HLA-DQ Alpha	86816	3 purple
<input type="checkbox"/> Immunoglobulin Panel (IgG,M,A)	86329	1 red/tiger
<input type="checkbox"/> Lupus Anticoagulant (LA)	85613,58730	1 blue
<input type="checkbox"/> Lymphocyte Antibody Detection Assay (LAD)	86021	1 red F & 2 green M
<input type="checkbox"/> Natural Killer Cell Activation Assay (NKa)	88184, 88185x2,88187	1 green
<input type="checkbox"/> Prothrombin Time (PT)	85610	1 blue
<input type="checkbox"/> Reproductive Immunophenotype (RPh)	88184, 88185x7,88187	1 green
<input type="checkbox"/> Sperm DNA Integrity Test (SDI)*	88182	1 cryovial

*Investigational Assay