



Western Maryland Health System
 12500 Willowbrook Rd, SE, Cumberland, MD 21502
 Phone: 240-964-2522 Fax: 240-964-2525

ALLERGEN REQUISITION

Collected By _____
 Date Collected _____
 Time Collected _____

PATIENT NAME		LAST	FIRST	M.I.	REQUESTING PHYSICIAN (Please Print)
SEX	RACE	BIRTH DATE : MO. DAY YEAR		SOCIAL SECURITY NUMBER (LAST 4 DIGITS) XXX-XX-	REQUESTING PHYSICIAN SIGNATURE and DATE

BILLING INFORMATION: BILL TO: CLIENT , PATIENT - (COMPLETE SECTION A) , INSURANCE - (COMPLETE SECTION B and C)					
Section A	STREET ADDRESS CITY STATE ZIP				TELEPHONE NO.
Primary Insurance Section B	NAME OF INSURANCE COMPANY		Secondary Insurance Section C	NAME OF INSURANCE COMPANY	
	INSURANCE NO-POLICY	GROUP	INSURANCE NO-POLICY	GROUP	

PHYSICIAN DIAGNOSIS REQUIREMENT NOTICE

When ordering tests, please be informed that the physician (or other authorized individual) is required to make an independent medical necessity decision with regard to each test the laboratory will bill. Additionally, the physician (or other authorized individual) understands he or she is required to submit narrative diagnosis information, supported by the patient's medical record. When medical necessity requirements are not met, an ABN must be completed to inform the patient they may be responsible for payment. Obtain a signed ABN for tests with defined frequency limits.
NARRATIVE DIAGNOSIS or SYMPTOM :

<input type="checkbox"/> MOLD PANEL #1 Penicillium notatum Cladosporium herbarum Aspergillus fumigatus Alternaria alternate Helminthosporium halodes	<input type="checkbox"/> CHILDHOOD ALLERGY PROFILE + IgE Milk, Soybean, Codfish, Dermatophagoides Farinae, Peanut, Dog Dander, Egg White, Wheat, Cat Dander, Cockroach, Walnut, Cladosporium herbarum, Dermatophagoides pteronyssinus, Shrimp, Alternaria alternate, Immunoglobulin E Antibody
<input type="checkbox"/> RESPIRATORY ALLERGEN PROFILE Dermatophagoides pteronyssinus, Dermatophagoides farinae, Cat Dander, Dog Dander, Bermuda Grass, June Grass, Johnson Grass, Cockroach, Cladosporium herbarum, Aspergillus fumigatus, Alternaria alternate, Maple(Box Elder), Oak, Elm, Pecan/Hickory, Common Ragweed, Lamb's Quarter	<input type="checkbox"/> NUT MIX PANEL # 18 Sesame Seed, Peanut, Almond, Coconut, Pecan Nut
<input type="checkbox"/> ANIMAL GROUP PANEL # 12 Horse Dander, Cow Dander, Pigeon Droppings, Goose Feathers, Chicken Feathers.	<input type="checkbox"/> FOOD ALLERGY PROFILE I Egg White, Peanut, Wheat, Walnut Nut, Codfish, Milk, Soybean,, Corn, Sesame Seed, Shrimp, Scallop, Clam
<input type="checkbox"/> EASTERN REGIONAL AGRICULTURAL PANEL Dermatophagoides Farinae, Cat Dander, Dog Dander, Rye, House Dust, Orchard Grass, Timothy Grass, June Grass(Kentucky Blue), Penicillium botatum, Cladosporium herbarum, Aspergillus fumigatus Alternaria alternate, Helminthosporium halodes, Maple(Box Elder), Birch, Oak, Elm, Walnut Tree, Common Ragweed, English Plantain, Lamb's Quarters, Russian Thistle	<input type="checkbox"/> FOOD ALLERGY PROFILE II Malt, Egg White, Milk, Wheat, Rye,, Barley, Oat, Corn, Peanut, Soybean, Shrimp, Tomatoe, Pork, Beef, Potato, Yeast, Chicken Meat, Lettuce, Pecan Nut, Cocoa,, +IgE
<input type="checkbox"/> SEAFOOD PANEL #1 Codfish, Crab, Shrimp, Tuna, Lobster	<input type="checkbox"/> Insect: Yellow Jacket
<input type="checkbox"/> Almond	<input type="checkbox"/> Rye
<input type="checkbox"/> Apple	<input type="checkbox"/> Kiwi Fruit
<input type="checkbox"/> Aspergillus Fumigatus	<input type="checkbox"/> Latex
<input type="checkbox"/> Banana	<input type="checkbox"/> Scallop
<input type="checkbox"/> Beef	<input type="checkbox"/> Lemon
<input type="checkbox"/> Black Pepper	<input type="checkbox"/> Sesame Seed
<input type="checkbox"/> Blue Mussel	<input type="checkbox"/> Lettuce
<input type="checkbox"/> Cat Dander	<input type="checkbox"/> Lime
<input type="checkbox"/> Cheese Mold Type	<input type="checkbox"/> Melon
<input type="checkbox"/> Chicken	<input type="checkbox"/> Milk
<input type="checkbox"/> Chicken Feathers	<input type="checkbox"/> Mushroom
<input type="checkbox"/> Cladosporium herbarum	<input type="checkbox"/> Oat
<input type="checkbox"/> Clam	<input type="checkbox"/> Oak
<input type="checkbox"/> Coconut	<input type="checkbox"/> Orange
<input type="checkbox"/> Common Ragweed	<input type="checkbox"/> Orchard Grass
<input type="checkbox"/> Corn	<input type="checkbox"/> Oyster
<input type="checkbox"/> Cranberry	<input type="checkbox"/> Peanut
<input type="checkbox"/> Dandelion	<input type="checkbox"/> Pear
<input type="checkbox"/> Dog Dander	<input type="checkbox"/> Pea
<input type="checkbox"/> Egg Whole <input type="checkbox"/>White <input type="checkbox"/>Yolk	<input type="checkbox"/> Rice
<input type="checkbox"/> Elm	
<input type="checkbox"/> English Plantain	
<input type="checkbox"/> Flounder	
<input type="checkbox"/> Goldenrod	
<input type="checkbox"/> Grape	
<input type="checkbox"/> Grapefruit	
<input type="checkbox"/> Green Bean	
<input type="checkbox"/> Housedust	
<input type="checkbox"/> Insect: Honey Bee	
<input type="checkbox"/> Insect: Paper Wasp	
<input type="checkbox"/> Insect: White Face Hornet	
<input type="checkbox"/> Insect: Yellow Hornet	