



MEDICAL DIAGNOSTIC LABORATORIES
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 Toll Free (877) 269-0090
www.mdlab.com



Wellness Prepayment Test Requisition Form

Ordering Physician/Laboratory

(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)

Physician to receive additional result report:

Physician's Signature:

Date:

Patient Information (Please Print)

Name (Last, First) (Required):

In Care of:

Patient Address:

City:

State:

Zip:

Assigned Sex at Birth (Required):

Female Male

Date of Birth (Required):

Patient ID#:

Phone Number:

Sexual Orientation: Bisexual Straight

Gay or Lesbian Something else

Does not wish to disclose Not provided

Race: Alaska Native or American Indian Asian Black or African

American Multiracial Native Hawaiian or other Pacific Islander

Other race White Does not wish to disclose Not provided

Ethnicity: Hispanic or

Latino Not Hispanic or

Latino Unknown

Gender Identity:

Male Female Gender nonconforming Transgender male-to-female

Transgender female-to-male Does not wish to disclose Not provided

**Prepayment in full must accompany the specimen.
 Specimens will not be processed unless payment is received.**

Visa MasterCard Discover American Express Check
 Make checks payable to Medical Diagnostic Laboratories.

Cardholder Name:

Cardholder Address:

City:

State:

Zip:

Cardholder Phone

Amount to be charged:

Card Number:

Exp. Date:

Security Code:

Cardholder Signature: Check box to have a receipt of payment mailed to cardholders address as listed above.

Due to rising costs, all credit card transactions will incur a 3% transaction fee effective June 28, 2023



Gut Microbiome Testing - Stool Specimen

\$129 2101 **Gut Microbiome Profile by DNA Sequencing** Analysis of bacterial composition utilizing the DNA sequence of 16s rRNA regions

Kit ID#: _____
 Be sure to write the Kit ID# on the specimen vial label

Food Intolerance Testing - Serum Specimen

Date Collected (Required):

Specimen Source:

Serum

\$170 2003 **Food Sensitivity Test (Reactivity to 96 Foods) IgG by Immunoblot - Includes:**

Dairy & Egg: cheddar cheese, cottage cheese, cow's milk, egg white, egg yolk, mozzarella, yogurt.

Fish & Seafood: clam, codfish, crab, haddock, lobster, prawn, salmon, scallop, sole, swordfish, tuna.

Fruit: apple, avocado, banana, bell pepper, blueberry, cantaloupe, coconut, grape (white), grapefruit, lemon, olive, orange, peach, pear, pineapple, strawberry, tomato, watermelon.

Gluten Containing Cereals: wheat grain, barley grain, brown rice, malt, rye grain, wheat bran.

Gluten Free Cereals & Alternative Foods: black wheat, oat grain.

Herbs & Spices: basil, bay leaf, cinnamon, dill, ginger, mustard seed, oregano, pepper (black), tarragon.

Legume: lima bean, pea, peanut, soybean, string bean.

Meat: beef, chicken, lamb meat, pork, turkey.

Miscellaneous: baker's yeast, black tea, brewer's yeast, gluten, honey, kelp.

Mushroom: white mushroom.

Nuts & Seeds: almond, cashew nut, chia seeds, cocoa bean, coffee, cola nut, safflower seed, sesame, sunflower seed.

Salads: green cabbage, iceberg lettuce, kale.

Vegetable: asparagus, broccoli, carrot, cauliflower, celery, corn, cucumber, eggplant, garlic, onion, spinach, sweet potato, white potato, winter squash.

\$190 2002 **Expanded Food Sensitivity Test (Reactivity to an additional 108 foods) IgG by Immunoblot**

Dairy & Egg: butter, emmental cheese, goat's cheese, goat's milk, kefir, processed cheese, sheep's cheese, sheep's milk.

Fish & Seafood: anchovy, carp, crayfish, eel, herring, mackerel, ocean perch, octopus, oyster, pike, red shrimp, sea bass, squid, trout.

Fruit: apricot, black currant, blackberry, cherry, chili, cranberry, date, fig, gooseberry, honeydew melon, kiwi, lime, lychee, mango, nectarine, papaya, plum, pomegranate, raisin, raspberry, zucchini.

Gluten Containing Cereals: spelt.

Gluten Free Cereals & Alternative Foods: buckwheat, flour millet.

Herbs & Spices: anise, cayenne pepper, chamomile, clove, coriander, cumin, curry powder, marjoram, mint, nutmeg, parsley, peppermint, rosemary, saffron, sage, thyme, vanilla, liquorice root.

Legume: broad bean, carob, chickpea, kidney bean, lentil, mung bean, snow pea, white bean.

Meat: duck meat, quail.

Miscellaneous: aloe vera, baking powder, bamboo shoots, beta-lactoglobulin, caper, casein, hops, Jerusalem artichoke, vine leaves.

Mushroom: shiitake.

Nuts & Seeds: brazil nut, flax seed, hazelnut, macadamia nut, pine nut, pistachio, poppy seed, sweet chestnut.



Salads: chard, chicory, fennel, iceberg lettuce, rocket (arugula).

Vegetable: artichoke, beetroot, Brussels sprout, chive, horseradish, leek, radish, rapeseed, red cabbage, shallot, turnip cabbage.

\$360 2001 **Comprehensive Food Sensitivity Test (Reactivity to 204 foods) IgG by Immunoblot**
Includes all foods listed in Tests 2003 & 2002

Medical Necessity Guidelines:

Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment of a patient. MDL offers individual tests, as well as a limited number of customized panels. MDL provides practitioners with the flexibility to choose appropriate individual tests for each specimen to assure that the convenience of ordering panels does not impede them from ordering tests/panels that are medically necessary. All tests listed in panels may be ordered individually using this test requisition form. If you choose to order a panel, please make certain that each and every test is medically necessary. If you check off a panel as your choice, MDL understands that the physician has determined that all of the component tests are medically necessary, and will perform, report and bill for all such component tests.

Specimen Collection Platform	TAT*	Stability	Test Additions*
 Serum Separator Tube	3 - 5 days	7 days	30 days to add tests
 Stool	14-21 days	10 days	N/A

* Pending QC review for sufficient specimen volume

Specimen Packaging:

- Label every vial with a minimum of 2 patient identifiers including the patient's name and date of birth. Be sure the name on the vial is written exactly the same way as on the test requisition form.
- Place the vial into the Styrofoam/Cardboard container. You can fit up to 3 vials in one container.
- Place the Styrofoam/Cardboard container into the central pocket of a biohazard bag containing absorbent material.
- Place a completed test requisition form for each vial in the front pocket of the biohazard bag.
- Place the biohazard bag into the prepaid Lab pack Envelope that has a preaddressed airbill attached. One envelope will accommodate 6-7 containers. Package as many containers in one Labpack as possible.
- Be sure to seal the Lab pack by removing the plastic from the top of the adhesive

Specimen Pick-up:

- If you have a specimen pick-up for a local courier in the NJ, PA, DE, D.C., MD, VA, KS, MO or Phoenix, AZ area, please call (877) 205-0005 no later than 2 hours prior to the closing of your facility.
- If you have a specimen pick-up, please call your sales representative or MDL customer service at 877.269.0090 no later than 2 hours prior to the closing of your facility.

Helpful Hints Checklist

Please review these helpful hints to reduce specimen discrepancies and enhance turnaround time.

Verify Patient Name - did you:

- ✓ attach the correct demographics sheet?
- ✓ write the patient's name on the requisition form?

Patient Name Matches on Vial & Requisition Form- did you:

- ✓ make sure names on vial and requisition form match?
- ✓ list the patients married or maiden name?
- ✓ list a nickname by mistake?

Verify Date of Collection- did you:

- ✓ write the correct year?
- ✓ write the correct month?
- ✓ list the date of birth instead?

Verify Tests- did you:

- ✓ clearly mark each box?
- ✓ order tests appropriate for the specimen type?

No Tests Ordered- did you:

- ✓ mark the boxes for the tests/panels ordered?

Supply Orders:

Easily place supply orders online by visiting our website:



<http://www.mdlab.com/physicians/supplies/#>

Supply orders may also be placed by contacting our Client Services department toll free 877.269.0090 or by fax 609.570.1050. Supply requests are processed and shipped on a daily basis. Please allow 3 to 5 business days for delivery, depending upon your location.

MDL Contact Information



GBS Hotline 24 hours - 7 days a week Group B Strep & HSV results only	877.MDL.GBS7 877.635.4277	
Quality Control Department For Technical Assistance	877.269.0090	609.245.7665
Client Services General Questions, Results	877.269.0090	609.570.1050
Client Services Billing Questions	877.333.9233	609.245.7683