

| ACCOUNT INFORMATION | | REQUIRED INFORMATION | | | | |
|---------------------|---|----------------------|------------------------------------|-------|--|--|
| PATIENT | Specialists in Gastroenterology 11525 Olde Cabin Road St. Louis, MO 63141 | PATIENT LAST NAME | | FIRST | DOB | SEX |
| | Ordering physician: Leonard Weinstock, MD | ADDRESS | | | SSN | |
| | | CITY | STATE | ZIP | PHONE | |
| | INSURANCE COMPANY NAME | | | ID # | GROUP # | |
| | MEDICAID # | STATE | MEDICARE # (INCLUDE PREFIX/SUFFIX) | | <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY | MEDICARE RETIREMENT OR DISABILITY DATE |

END ADDITIONAL COPY OF REPORT TO:

STAT CALL RESULTS TO:

FAX REPORT TO: 314-997-5086

The Codes and Panel structuring are based on our current understanding of medicine. ICD10 and CPT codes in effect at the time this order form was printed and may change without notice.

| | | | | | |
|-----------|--------|-----------|-------|--------------|--------|
| Nausea | R11.0 | Myalgia | M79.1 | Cog. Dysfx | R41.89 |
| Abd. Pain | R10.90 | Hives | L50.1 | Dyspnea | R06.00 |
| Diarrhea | R19.7 | Rashes | R21 | Edema | R60.9 |
| GERD | K21.9 | Numbness | R20.2 | Palpitations | R00.2 |
| Fatigue | R53.83 | Dizziness | R42 | MCAS | D89.40 |

BILL TO: PATIENT INSURANCE

KEY: B-Blue GR-Mint Green (Lith Hep.) P-Pearl DATE COLLECTED TIME AM PM FASTING NON FASTING
 DK-Dark Green (Lith Hep.) LAV-Lavender UR-Urine
 GL-Gold NE-Navy EDTA

NOTE TO PHYSICIAN: WHEN ORDERING TESTS FOR A MEDICARE OR MEDICAID PATIENT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE PANELS/COMBINATIONS PRINTED BELOW ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY BELOW. COMPONENTS MAY BE BILLED SEPARATELY IF ALLOWED BY THE PAYER. IT SHOULD BE NOTED THAT MEDICARE GENERALLY DOES NOT COVER ROUTINE SCREENING TESTS.

| | Blood tests to look for MCAS - D89.40 | CPT | Directions | Tube |
|-------------------------------------|---------------------------------------|-------|-----------------|------|
| <input checked="" type="checkbox"/> | Histamine (plasma) | 83088 | Cold centrifuge | LAV |
| <input checked="" type="checkbox"/> | Prostaglandin D2 (plasma) | 84150 | Collect on ice | LAV |
| <input checked="" type="checkbox"/> | Heparin Anti-Xa (plasma) | 85520 | Send frozen | Vial |
| <input checked="" type="checkbox"/> | Tryptase (serum) | 83520 | | Red |
| <input checked="" type="checkbox"/> | Chromogranin A (serum) | 86316 | | Red |
| | CBC w/ differential | 85025 | | LAV |
| | Cholesterol, total | 82465 | | GR |
| | Magnesium | 83735 | | GR |
| | PT/PTT | 85610 | | B |
| | CMP | 80053 | | GR |
| | Ferritin | 82728 | | GR |
| | Vitamin D 25-OH | 82306 | | GL |

| | Urine tests to look for MCAS - D89.40 | CPT | Directions |
|-------------------------------------|---|-------|---|
| <input checked="" type="checkbox"/> | Prostaglandin D2 - random | | Keep urine cold at all times and send frozen. |
| <input checked="" type="checkbox"/> | 24-hr N-Methylhistamine | 82570 | |
| <input checked="" type="checkbox"/> | 2,3-Dinor-11Beta-Prostaglandin F2 alpha | | |
| <input checked="" type="checkbox"/> | 24-hr Leukotriene E4 | 82542 | |

Patients with Coventry Insurance has to use LabCorp
 Check with insurance to check coverage for labs