



Over 20 years of Science and Service

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| Please Complete All Fields |  |                     |  |
|----------------------------|--|---------------------|--|
| Client Information         |  | Patient Information |  |
| Client Name:               |  | Patient Name:       |  |
| Street Address:            |  | Patient ID:         |  |
| City, State, Zip:          |  | Date of Birth:      |  |
| Phone/Fax:                 |  | Gender:             |  |
| Sample Information         |  |                     |  |
| Collection Date:           |  | Time Collected:     |  |

| Available Tests          |   |                        |                          |   |                   |
|--------------------------|---|------------------------|--------------------------|---|-------------------|
| Select                   | Test Name   | *Matrix, Tube          | Select                   | Test Name   | *Matrix, Tube     |
| <input type="checkbox"/> | Adenosine Deaminase   | S, RT                  | <input type="checkbox"/> | Disaccharidases   | T                 |
| <input type="checkbox"/> | Anti-Phosphatidyl Panel I (Gly, Inos, IgG, IgM, IgA)                    | S, RT                  | <input type="checkbox"/> | Echovirus Neutralization Assay - CSF                      | CSF               |
| <input type="checkbox"/> | Anti-Phosphatidyl Panel II (Acid, Eth, Gly, Inos, IgG, IgM, IgA)        | S, RT                  | <input type="checkbox"/> | Echovirus Neutralization Assay - Serum                    | S, RT             |
| <input type="checkbox"/> | Anti-Phosphatidyl Panel III (Acid, Chol, Eth, Gly, Inos, IgG, IgM, IgA) | S, RT                  | <input type="checkbox"/> | Endomysial IgG Antibody Titer                             | S, RT             |
| <input type="checkbox"/> | Anti-Phosphatidic Acid IgG, IgM, IgA                                    | S, RT                  | <input type="checkbox"/> | Francisella tularensis IgG, IgM                           | S, RT             |
| <input type="checkbox"/> | Anti-Phosphatidyl Choline IgG, IgM, IgA                                 | S, RT                  | <input type="checkbox"/> | Giardia IgG, IgM, IgA                                     | S, RT             |
| <input type="checkbox"/> | Anti-Phosphatidyl Ethanolamine IgG, IgM, IgA <b>NYS</b>                 | S, RT                  | <input type="checkbox"/> | Glutathione, Total <b>NYS</b>                             | WB, YT, <b>RF</b> |
| <input type="checkbox"/> | Anti-Phosphatidyl Glycerol IgG, IgM, IgA                                | S, RT                  | <input type="checkbox"/> | Glycosaminoglycans (GAGs) <b>NYS</b>                      | U                 |
| <input type="checkbox"/> | Anti-Phosphatidyl Inositol IgG, IgM, IgA                                | S, RT                  | <input type="checkbox"/> | Hepatitis D Antigen <b>NYS</b>                            | S, RT             |
| <input type="checkbox"/> | Arbovirus IgG / IgM Panel <b>NYS</b>                                    | S, RT                  | <input type="checkbox"/> | HIV-2 RNA Detection - Plasma                              | P, LT             |
| <input type="checkbox"/> | Arbovirus IgG Panel <b>NYS</b>  | S, RT                  | <input type="checkbox"/> | HIV-2 RNA Detection - Serum                               | S, RT             |
| <input type="checkbox"/> | Arbovirus IgM Panel <b>NYS</b>  | S, RT                  | <input type="checkbox"/> | Human Placental Lactogen <b>NYS</b>                       | S, RT             |
| <input type="checkbox"/> | Arbovirus IgG / IgM Panel w/ West Nile                                  | CSF                    | <input type="checkbox"/> | Leptospira IgM <b>NYS</b>                                 | S, RT             |
| <input type="checkbox"/> | Arbovirus IgG Panel w/ West Nile  | CSF                    | <input type="checkbox"/> | Mycoplasma pneumoniae IgA                                 | S, RT             |
| <input type="checkbox"/> | Arbovirus IgM Panel w/ West Nile  | CSF                    | <input type="checkbox"/> | Pancreastatin <b>NYS</b>                                  | S, RT             |
| <input type="checkbox"/> | Borrelia burgdorferi IgG & IgM - Plasma                                 | P, GT                  | <input type="checkbox"/> | Porphyryns Total  | P, GT - <b>LP</b> |
| <input type="checkbox"/> | Borrelia burgdorferi IgG & IgM - Serum <b>NYS</b>                       | S, RT                  | <input type="checkbox"/> | Porphyryns Total  | S, RT - <b>LP</b> |
| <input type="checkbox"/> | Borrelia burgdorferi IgG - Plasma                                       | P, GT                  | <input type="checkbox"/> | Porphyryns, Fractionation                                 | P, GT - <b>LP</b> |
| <input type="checkbox"/> | Borrelia burgdorferi IgG - Serum <b>NYS</b>                             | S, RT                  | <input type="checkbox"/> | Q Fever IgG <b>NYS</b>                                    | S, RT             |
| <input type="checkbox"/> | Borrelia burgdorferi IgM - Plasma                                       | P, GT                  | <input type="checkbox"/> | Q Fever IgM <b>NYS</b>                                    | S, RT             |
| <input type="checkbox"/> | Borrelia burgdorferi IgM - Serum <b>NYS</b>                             | S, RT                  | <input type="checkbox"/> | Q Fever IgG & IgM Panel (Phase I, II) <b>NYS</b>          | S, RT             |
| <input type="checkbox"/> | B. burg IgG & IgM Index Panel (Refer to Tech. Brief)                    | <b>S, RT &amp; CSF</b> | <input type="checkbox"/> | Schistosoma IgG <b>NYS</b>                                | S, RT             |
| <input type="checkbox"/> | Candida Immune Complex  | S, RT                  | <input type="checkbox"/> | Substance P   | S, RT             |
| <input type="checkbox"/> | Chlamydia trachomatis IgG, IgM, IgA                                     | S, RT                  | <input type="checkbox"/> | Transforming Growth Factor $\beta$ 1 <b>NYS</b>           | P, LT             |
| <input type="checkbox"/> | Chlamydia IgG Panel (trach, pneu, psi)                                  | S, RT                  | <input type="checkbox"/> | Transglutaminase IgG, IgM, IgA <b>NYS</b>                 | S, RT             |
| <input type="checkbox"/> | Chlamydia IgM Panel (trach, pneu, psi)                                  | S, RT                  | <input type="checkbox"/> | Vitamin B <sub>3</sub> (Niacin-Nicotinic Acid) <b>NYS</b> | P, LT - <b>LP</b> |
| <input type="checkbox"/> | Chlamydia IgG, IgM Panel (trach, pneu, psi)                             | S, RT                  | <input type="checkbox"/> | Vitamin B <sub>5</sub> (Pantothenic Acid)                 | S, RT - <b>LP</b> |
| <input type="checkbox"/> | Chlamydia Expanded IgG, IgM, IgA (trach, pneu, psi)                     | S, RT                  | <input type="checkbox"/> | Vitamin B <sub>7</sub> (Biotin) <b>NYS</b>                | S, RT - <b>LP</b> |
| <input type="checkbox"/> | D-Lactate   | P, GyT                 | <input type="checkbox"/> |   |                   |

\*Matrix: S = Serum, P = Plasma, WB = Whole Blood, T = Tissue, U = Urine, CSF = Cerebrospinal Fluid (Sterile)

\*Tube: YT = Yellow Top, LT = Lavender Top, GT = Green Top, RT = Red Top / SST, GyT = Gray Top

\*Condition: LP = Light Protected, RF = Must Be Shipped Refrigerated, S, RT & CSF = Requires Both Matrixes

**NYS = DENOTES NEW YORK STATE APPROVAL**

**\*ALL SPECIMENS (EXCEPT GLUTATHIONE) SHOULD BE SHIPPED FROZEN ON DRY ICE\***

Physician Signature: \_\_\_\_\_ NPI: \_\_\_\_\_ Date: \_\_\_\_\_

Signature required if sending from physician's office

License Numbers:

CLIA: 22D0926993 CAP: 7191028 FDA: 3003006583 MA: 5039 CA: CDS 00800101 MD: 938 NY: PFI 7366 PA: 26731A RI: LCO00559