



CRS / Mucus

Test Request Form

60 Pineview Drive, Buffalo, New York 14228-2120

Tel (716) 691-0091

Toll Free (800) 537-TEST

Fax (716) 691-0466

www.immco.com

IMMCO
DIAGNOSTICS

IMMCO Diagnostics, Inc. complies with the Health Insurance Portability and Accounting Act (HIPAA). The information provided herein will remain strictly confidential. For a copy of IMMCO's Policy, please contact customer service.

PATIENT INFORMATION

Last Name _____ First Name _____

Patient ID # _____ Sex M F

Date of Birth ____ / ____ / ____ Specimen Date ____ / ____ / ____

Street _____

City _____ State _____ ZIP _____

Telephone (____) _____

REQUESTING PHYSICIAN

Last Name _____ First Name _____

UPIN # _____

State License # _____

Institution/Address _____

Address _____

City _____ State _____ ZIP _____

Telephone (____) _____ Fax (____) _____

e-mail _____

BILLING INFORMATION

Send bill to: Patient Insurance Doctor Lab

On behalf of patients IMMCO Diagnostics will courtesy bill insurance providers, however, the patient is responsible for the bill. If there are questions regarding billing, please call (800) 537-8378.

For Patient or Insurance billing, provide complete insurance information or send a photocopy of the patient's insurance card. Failure to do so will result in direct patient billing. If patient is to be billed and no insurance information is provided, please include credit card information to ensure prompt results.

Medicare No. if applicable _____

Name/address of Insurance _____

Street _____

City _____ State _____ ZIP _____

Telephone (____) _____ Fax (____) _____

Sub. Insurance ID # / BD _____

Group # _____

Credit Card # _____ Exp. Date _____

VISA

MasterCard

AmEx

I accept responsibility for bills related to testing of my specimen:

Patient Signature: _____

**For specimen collection kits please call
(800) 537-TEST or indicate kits required below:**

Please send mucosal specimen collection kits

CHRONIC RHINOSINUSITIS (CRS) DIAGNOSTICS

Please check tests to be performed

Code Description

820 **CRS-Fungal Profile** includes tests 801 and 802

801 eMBP antigen (eosinophil Major Basic Protein)

802 Alt-1 antigen (*Alternaria*)

Please check ICD-9 code

472.0 Chronic Rhinitis

473.3 Sphenoidal Sinusitis

473.0 Maxillary Sinusitis

473.8 Other Chronic Sinusitis

473.1 Frontal Sinusitis

473.9 Unspecified Sinusitis

473.2 Ethmoidal Sinusitis

Other _____

MUCUS COLLECTION PROTOCOL

The mucus sample must be collected by a physician following Universal Precautions. Remove the sterile mucus collection device from the plastic packaging. If the plastic packaging is open or has been damaged, discard the device and use another Collection Kit.

*Note: A nasal spray must **not** be applied to the patient prior to collecting the mucus. This may dilute the specimen and invalidate results.*

- 1: Attach the mucus collection device to a standard suction line. Be sure the collection vial is attached securely.
- 2: Adjust the malleable tip to the proper angle and insert the clear tubing of the device into nasal cavity (mucus may be taken from the floor of the nose, septum, and middle turbinate of both nostrils). Mucus must be taken from both nostrils. Take care not to damage the mucosa.
- 3: Aspirate mucus using the thumb hole of the collection device to regulate pressure. A minimum of 0.2 ml of nasal mucus must be collected (enough to fill the conical bottom of the collection vial). If tubing clogs and cannot be cleared, use an alternate collection device.
- 4: Remove tube from patient, detach vial and seal securely with cap. Do not label vial. This may interfere with specimen processing. To ensure proper specimen identification, make certain that this completed form ships along with the vial.

SPECIMEN REQUIREMENTS

Specimen must be drawn in the vial provided. **Minimum specimen volume is 0.2 ml** (filling the conical bottom of the vial). Store away from light at ambient temperature. Do not freeze. **Specimen is viable in transit for only 36 hours.** Ship the same day the sample is collected using the following shipping protocol.

SHIPPING PROTOCOL

- 1: Seal specimen vial in **plastic diagnostic specimen bag**. Limit to one vial per bag to prevent specimen mix-up.
- 2: Fold completed **CRS / Mucus Test Request Form** and insert into pouch on the opposite side of the sample vial.
- 3: Place bag in **diagnostic specimen box**.
- 4: Ship via overnight carrier using *FedEx Airbill* and *FedEx Clinical Pak* to IMMCO Diagnostics, 60 Pineview Drive, Buffalo, NY, USA, 14228.

Note: Samples are received Monday through Saturday. Do not ship samples for Sunday delivery.

Have a question? Call IMMCO Customer Service at 800-537-8378