

ACCOUNT INFORMATION	REQUIRED INFORMATION					
<p>Specialists in Gastroenterology 11525 Olde Cabin Road St. Louis, MO 63141</p> <p>Ordering physician: Leonard Weinstock, MD</p>	PATIENT	PATIENT LAST NAME		FIRST	DOB	SEX
	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:	
SEND ADDITIONAL COPY OF REPORT TO:	Fatigue	R53.83	Nausea	R11.0	Cog. Dysfx	R41.8
<input type="checkbox"/> STAT CALL RESULTS TO:	Myalgia	M79.1	Edema	R60.9	Rashes	R21
<input checked="" type="checkbox"/> FAX REPORT TO: 314-997-5086	Dizziness	R42	Eye irritation	H57.1	Abd. Pain	R10.9
The Codes and Panel structuring are based on our current understanding of medicine. ICD10 and CPT rules in effect at the time this order form was printed and may change without notice.	Hives	L50.1	Dyspnea	R06.0	Palpitations	R00.2
	Numbness	R20.2	GERD	K21.9	MCAS	D89.4
BILL TO: <input type="checkbox"/> PATIENT <input type="checkbox"/> INSURANCE						
KEY: B-Blue DK-Dark Green (Lith Hep.) GL-Gold	GR-Mint Green (Lith Hep.) LAV-Lavender NE-Navy EDTA	P-Pearl UR-Urine	DATE COLLECTED	TIME	<input type="checkbox"/> FASTING <input type="checkbox"/> NON FASTING	
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
Histamine (plasma)	83088	Collect on ice	LAV
Prostaglandin D2 (plasma)	84150	Cold centrifuge	LAV
Heparin Anti-Xa (plasma)	85520	Send frozen	Vial
Tryptase (serum)	83520		Red
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
24-hr Prostaglandin D2	84150	Keep urine cold at all times and send frozen.
24-hr N-Methylhistamine	62530	
2,3-Dinor-11Beta-Prostaglandin F2 alpha	84150	
24-hr Leukotriene E4	62530	

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



specialists in gastroenterology

General instructions

Do not take H1/H2 blockers (example zantac, zyrtec), PPI (example prilosec), and NSAIDs (example aspirin and motrin) for 5 days before the tests

Urine Collection Instructions

Write your start / stop dates and times here and on the label of the orange collection container. These times and the total volume are necessary for accurate test results. The stop time is 24 hours after the start time. For example, if you start at 7am one day, your stop time is 7am the next day. Urinate at the start time but do not collect this urine. This urine was made before your collection time period began and should not be part of your collection.

Sincerely,

L. Weinstock