



**5625 Fox Ave – Rm 369  
Reno, NV 89506  
775-351-1890 Fax: 682-8517**

VIP Dx Reference No:	
Physician/Clinic Name/Address:	
Phone #: (____) _____ Fax #: (____) _____	
Physician Signature: _____	
ICD -9 CODES: _____	
Collection DATE _____ TIME _____ Initials _____	

PATIENT NAME: \_\_\_\_\_  
(Last) (First) (MI)

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Phone: (\_\_\_\_) \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

(Please Circle) Visa MasterCard Discover AMEX

CARD # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Name as on card: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

**VIP Dx is a fee-for-service provider and does not bill any insurance carriers except Medicare.**

I agree to pay the costs for the analyses requested at the time of service. The paid invoice & receipt will be sent to me from RedLabs/VIP Dx. If I choose, I can submit this receipt to my insurance carrier for reimbursement. VIP Dx endeavors to safeguard personal and private information of its patients and understands the importance of complying with applicable state and federal regulations enacted to prevent identity theft.

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICARE PATIENTS: ADVANCED BENEFICIARY NOTICE (ABN): Please read, choose an option and sign the ABN.**

CODE	PROFILE TESTS	SPECIMEN
<input type="checkbox"/> XAND	XMRV viral culture	2 GR + 1 Lav
<input type="checkbox"/> CMCP	Immune Profile 1 (RNase L Activity Assay, Elastase, Natural Killer Cell Assay, CD4/CD8 Lymphocyte Enumeration Assay) <b>For best results, specimen MUST be received within 24 hours of draw.*</b>	4 GR
<input type="checkbox"/> MCP1	Immune Profile 2 (RNase L Activity Assay, Elastase, CD4/CD8 Lymphocyte Enumeration Assay) <b>For best results, specimen MUST be received within 24 hours of draw.*</b>	3 GR
<input type="checkbox"/> CYT1	Cytokine Inflammatory Profile (IL1 $\beta$ , IL2, IL4, IL6, IL8, IL10, IL12p70, IFN $\gamma$ , TNF $\alpha$ )	1 SS
<input type="checkbox"/> HHVP	Human Herpes Infection Profile (EBV, CMV, HHV6 [with A & B determination], HHV7)	1 Lav + 1 SS
<input type="checkbox"/> HLP1	Heavy Metals Sensitivity Profile 1 - HELP <sup>TM</sup> Test 1 (Arsenic, Copper, Lead, Platinum, Thiomersal, Palladium, Mercury, Gold, Silver, Aluminum, Beryllium, Nickel, Organic Mercury, Titanium)	2 GR
<input type="checkbox"/> IM01	Intestinal Dysbiosis Profile – Immunobilan Test (IgA, IgM)	1 SS
<input type="checkbox"/> MYCP	Mycoplasma Profile– Qualitative (Mycoplasma Fermentans, Mycoplasma Hominis, Mycoplasma Pneumoniae)	1 Lav + 1 SS
<input type="checkbox"/> LYEA	CD4/CD8 Lymphocyte Enumeration Assay (CD4, CD8, CD4-CD8 ratio, CD19, CD45, CD4/CD8/CD19 Absolute)	1 GR
<input type="checkbox"/> NKCP	Natural Killer Cell Enumeration & Functional Assay (LU 30) (NKC 1 thru NKC6, NKC9[LU30]) <b>For best results, specimen MUST be received within 24 hours of draw.*</b>	2 GR
<input type="checkbox"/> LYME	Lyme C6-B.burgdorferi ELISA test (confirmatory by PCR). Speciation upon request (additional fees may apply)	1 Lav + 1 SS
<input type="checkbox"/> CHLP	Chlamydia Pneumoniae	1 Lav + 1 SS
<input type="checkbox"/> LU30	Natural Killer Cell Functional Assay (NKC9 - LU30 only) <b>For best results, specimen MUST be received within 24 hours of draw.*</b>	2 GR
<b>ANY TEST IN OUR PROFILES CAN BE ORDERED INDIVIDUALLY. PLEASE SPECIFY ON THE "OTHER" LINE BELOW WHICH SINGLE TEST YOU WANT</b>		
<input type="checkbox"/> OTHR		CALL

\* Samples may be rejected if not received within 24 hours of draw. It is best to draw sample in afternoon for receipt next morning at 10:30 a.m. PST.

**REQUIREMENTS:** GR/Green Top Sodium Heparin Tube; L/Lavender Top EDTA Tube; SS/ Red Top Serum Separator Tube:  
7-10mL Whole Blood (GR); 3-5mL (L); 7-10mL Separated (SS). Centrifuge only the Serum Separator tubes @ 3000rpm for 10 minutes.

**SHIP AT ROOM TEMPERATURE PRIORITY OVERNIGHT.**

**SPECIMENS MUST BE RECEIVED WITHIN 24 HOURS FOR ACCURATE ANALYSIS.**

**NO SPECIAL PREPARATION REQUIRED. DO NOT FREEZE SAMPLES. DO NOT REFRIGERATE SAMPLES.**