

ELISA/ACT BIOTECHNOLOGIES LLC: LRA by ELISA/ACT® REQUISITION

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17136

Seegarten Klinik

John Van Limburg Stirum MD

Seestrasse 155A

8802 Kilchberg Zurich

Duplicate report to _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Completion of this Requisition Form represents authorization by the ordering physician (where applicable).**PATIENT INFO**☐ Patient☐ Physician☐ Staff

Name (last) _____ (first) _____ (initial) _____

Address _____

City _____ State _____ Zip _____

Phone (h) _____ (w) _____

Date of Birth _____ Age _____ Sex _____

Specimen Draw Date _____ Time _____

FORM OF PAYMENT:**PLEASE MAKE CHECKS PAYABLE TO
ELISA/ACT BIOTECHNOLOGIES LLC.**☐ Bill Physician's Credit Card☐ Bill Patient's Credit Card☐ Physician's Check Enclosed☐ Patient's Check Enclosed☐ Invoice Doctor (Call to set up account)☐ Payment Plan Approved

Credit Card# _____

Exp. Date _____ Amount US\$ _____

Name on Card _____

Signature _____

Please send: ☐ Receipt*

*Receipt for services rendered will only be provided if we have a signed Financial Policy on file.

IMPORTANT!**PLEASE INCLUDE
THIS FORM WITH
YOUR BLOOD
SAMPLE.****IMPORTANT!****TESTING CANNOT
BE ORDERED OR
PERFORMED IN
THE STATE OF
NEW YORK.****IMPORTANT: A HEALTH ASSESSMENT QUESTIONNAIRE MUST BE COMPLETED PRIOR TO TESTING!****Please select one of the following options.**☐ Generic Interpretation with Results☐ Client Specific Interpretation with Results**LRA BY ELISA/ACT TESTING CATEGORIES**☐ **REPEAT SPECIMEN**☐ BASIC TESTING (144 ITEMS)☐ ENHANCED BASIC TESTING (212 ITEMS)☐ COMPREHENSIVE TESTING (315 ITEMS)☐ PROFESSIONAL'S CHOICE COMPREHENSIVE TESTING (383 ITEMS)☐ COMPREHENSIVE TESTING PLUS MEDICATIONS (338 ITEMS)☐ PROFESSIONAL'S CHOICE COMPREHENSIVE PLUS TESTING (401 ITEMS)☐ ALL INCLUSIVE TESTING (487 ITEMS - REQUIRES 2 KITS)☐ CUSTOMIZED TEST _____

Please call Client Services 800-553-5472 for more information on how to pre-design your own test block.

Patient's Signature _____

Physician's Signature _____