

Please type or print all information.

1. CLIENT INFORMATION				
Client Name (if applicable)			Client ID	
Address		City	State	Zip
Phone		Fax		
2. PATIENT AND PROVIDER INFORMATION				
Patient Name (Last, First)			<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB __ / __ / ____
Ordering Physician		Phone	Fax	
3. PAYMENT INFORMATION				
<input type="checkbox"/> Bill to Client <input type="checkbox"/> Pay by Credit Card <input type="checkbox"/> Pay by Check (Make check payable to National Jewish Health)				
Billing Information		Credit Card Information		
Address		Name as it appears on card		
City		Address		
State	Zip	City		
Billing Contact	Client ID	State	Zip	
Phone	Fax	Card Number		
		CVV		Expiration Date
		Cardholder's Signature		Date
4. REPORT DELIVERY INFORMATION				
<input type="checkbox"/> Electronic Delivery (Contact the Beryllium Business Group to set up an account 800.423.8891 ext 1722)			<input type="checkbox"/> Secure Fax:	
5. SPECIMEN INFORMATION				
Submitted By		Date Submitted	Phone	
Collection Date		Collection Time		
6. BERYLLIUM LYMPHOCYTE PROLIFERATION				
If sending 15 or more tests per shipment/day, testing must be scheduled in advance by calling 800.423.8891 ext 1722. Samples must be received within 24 hours of collection.				
<input type="checkbox"/> BELPT	Beryllium lymphocyte proliferation — Blood		<input type="checkbox"/> New York State Specimen	
<input type="checkbox"/> BEBAL	Beryllium lymphocyte proliferation — Bronchoalveolar lavage		(Call 800.423.2891 ext. 1722 before collecting sample.) <input type="checkbox"/> New York State Specimen	
7. RELEASE OF INFORMATION				
<input type="checkbox"/> I hereby authorize National Jewish Health Advanced Diagnostic Laboratories to release medical information concerning beryllium lymphocyte proliferation testing to the employer named below.				
Patient Name		Employer		
Signature			Date	
8. DE-IDENTIFIED SPECIMENS (OPTIONAL)				
<input type="checkbox"/> I hereby certify that authorization for release of medical information on this patient is on file at my location.				
Signature			Date	
9. SPECIAL INSTRUCTIONS				
INTERNAL USE				
Received By	Date	Account#	MRUN	Accession