

REPRODUCTIVE IMMUNOLOGY ASSOCIATES

143 Parrot Lane, Simi Valley, California 93065
 PHONE: 805-578-7000 FAX: 805-578-7004
 #RIA #RIALAB #MATZNER

LAB REQUISITION FORM

PATIENT NAME _____ REFERRING MD. _____
 PATIENT ADDRESS _____ MD PHONE NO. _____
 _____ MD FAX NO. _____
 PATIENT PHONE _____ COLLECTION DATE _____
 BIRTH DATE _____ SS #: _____ COLLECTION TIME _____
 E_MAIL _____

ICD-10 DIAGNOSIS	
<input type="checkbox"/>	D68.312 Antiphospholipid antibody with hemorrhagic disorder.
<input type="checkbox"/>	D89.89 Other specified disorders involving the immune mechanism, not elsewhere classified.
<input type="checkbox"/>	D94.9 Unsp cond assoc w female genital organs and menstrual cycle
<input type="checkbox"/>	O26.20 Pregnancy care for patient with recurrent pregnancy loss, unspecified trimester
<input type="checkbox"/>	O09.291 Supervision of pregnancy with other poor reproductive or obstetric history, first trimester
<input type="checkbox"/>	N97.9 Female infertility, unspecified
<input type="checkbox"/>	R76.0 Raised antibody titer
<input type="checkbox"/>	D84.8 Other specified immunodeficiencies
<input type="checkbox"/>	D84.9 Immunodeficiency unspecified
<input type="checkbox"/>	D80.2 Other selective immunoglobulin deficiencies
<input type="checkbox"/>	Z31.89 Procreative Management
<input type="checkbox"/>	Z31.49 Encounter for other procreative investigation and testing
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

TISSUE TYPING		
<input type="checkbox"/>	81372 HLA A, B, C Antigens	_____ 2 PURPLE/M & F (4cc)
<input type="checkbox"/>	81375 HLA DR, DQ Antigens	_____ 2 PURPLE/M & F (4cc)
<input type="checkbox"/>	81376 HLA DQA1 (Alpha)	_____ 1 PURPLE/M & F (4cc)
<input type="checkbox"/>	81376 HLA DQ Beta	_____ 1 PURPLE/M & F (4cc)

MISCELLANEOUS LABS		
	Immunoglobulins	1 SST (10cc)
<input type="checkbox"/>	82784 IgG	_____
<input type="checkbox"/>	82784 IgM	_____
<input type="checkbox"/>	82784 IgA	_____
<input type="checkbox"/>	85613 Lupus Anticoagulant	_____ 1 BLUE (10cc)

PANELS**		TOTAL TUBE REQUIREMENT
<input type="checkbox"/>	MISCARRIAGE	
	Antiphospholipid Ab	1 PURPLE/FEMALE
	Antinuclear Ab	1 BLUE/FEMALE
	Lupus Anticoagulant	4 GREEN/FEMALE
	HLA DQA1	2 GREEN/MALE
	Immunophenotype	1 PURPLE/MALE
	NK with IVIg	
	IgA	

CPT	DESCRIPTION	FEE	TUBE(S)
ANTIBODIES			
<input type="checkbox"/>	83516 Antihistone Antibody	_____	1 SST (10cc)
<input type="checkbox"/>	Antinuclear Ab Panel	_____	1 SST (10cc)
	86038 ANA titer		
	86225 Anti ds DNA		
	86235 Anti Sm		
	86235 Anti RNP		
	86235 Anti SS-A		
	86235 Anti SS-B		
<input type="checkbox"/>	Antiphosphol. Ab Panel	_____	1 SST (10cc)
	86146 Cardiolipin (IgM, G, A)		
	86146 Phosphatidic Acid (IgM, G, A)		
	86147 Phosphoethanolamine (IgM, G, A)		
	86147 Phosphoglycerol (IgM, G, A)		
	86147 Phosphoinositol (IgM, G, A)		
	86148 Phosphoserine (IgM, G, A)		
	86148 Phosphocholine (IgM, G, A)		
<input type="checkbox"/>	Leukocyte Ab Detection (Crossmatch)		
	86825 B Cell IgG	_____	1 SST/FEMALE (10cc)
	86826 T Cell IgG	_____	2 GREEN/MALE (10cc)
<input type="checkbox"/>	Thyroid Ab Panel	_____	1 SST (10cc)
	86376 TPO Ab		
	84432 Thyroglobulin Ab	_____	
CELLULAR IMMUNITY			
<input type="checkbox"/>	Immunophenotype	_____	1 PURPLE (4cc)
	88184 CD 3/CD 16/CD 56		
	88185 CD 5/CD 19		
	88187 CD3		
<input type="checkbox"/>	NK Activation	_____	2 GREEN (10cc)
	88184 CD 56		(Sodium Heparin)
	88185 CD 69		
<input type="checkbox"/>	86849 NK with IVIg	_____	4 GREEN (10cc)
	86353 Lymphocyte Mitogen		(Sodium Heparin)

IMPLANTATION FAILURE		TOTAL TUBE REQUIREMENT
	Antiphospholipid Ab	1 SST/FEMALE
	Antithyroid Ab	1 PURPLE/FEMALE
	Antinuclear Ab	1 BLUE/FEMALE
	Lupus Anticoagulant	4 GREEN/FEMALE
	HLA DQA1	1 PURPLE/MALE
	Immunophenotype	
	NK with IVIg	
	IgA	

CUSTOM PANELS AVAILABLE, PLEASE CALL

<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Subtotal _____
<input type="checkbox"/>	Cash	<input type="checkbox"/>	Shipping/Handling _____
		<input type="checkbox"/>	TOTAL _____

*ATTACH COPY OF INS CARD (FRONT AND BACK)
 *PAYMENT (CHECK, CHARGE CARD) MUST ACCOMPANY SPECIMEN.
 *IF PAYING BY CHECK, WRITE DRIVER LICENSE # ON CHECK.

BANK _____
 CHECK # _____
 VISA MC AMEX DISC
 EXP DATE _____ CCV: _____

CC NUMBER _____

AUTHORIZATION SIGNATURE (REQUIRED) _____

State of California Department of Public Health

CLINICAL LABORATORY LICENSE

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address or other site(s) on file with the department.

REPRODUCTIVE IMMUNOLOGY ASSOCIATES

143 PARROT LANE
SIMI VALLEY CA 93065

OWNER(S):

REPRODUCTIVE IMMUNOLOGY ASSOCIATES
PENNY CHONG (PRESIDENT)
WENDELL CHING (VICE PRESIDENT)
WILLIAM MATZNER (VICE PRESIDENT)

DIRECTOR(S):

WILLIAM LEE MATZNER MD
WENDELL TUK WING CHING MD
PENNY JEAN CHONG MD

Lab ID Number: CLF 00010041

Effective Date: December 31, 2015

Valid Until: December 29, 2016

CLIA Number: 05D0686754

Robert J. Thomas

Robert J. Thomas, Acting Branch Chief
Laboratory Field Services

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS

REPRODUCTIVE IMMUNOLOGY ASSOCIATES
143 PARROT LN
SIMI VALLEY, CA 93065

CLIA ID NUMBER

05D0686754

EFFECTIVE DATE

12/13/2014

LABORATORY DIRECTOR

EXPIRATION DATE

WILLIAM L MATZNER MD DIRECT

12/12/2016

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



A handwritten signature in cursive script that reads "Karen W. Dyer".

Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality