Dr. Leder has requested that you complete the Environmental Panel 1,2, and 3

Laboratory: Molecular MedicinePhone Number: (973) 586-4440

What is the purpose of this test?

Environmental allergies to such things as molds, grasses, trees, dust, and dog/cat hair can create a wide variety of symptoms, not just the sneezing and itchy eyes that people are most familiar with. The simple blood test that has been ordered for you provides a fairly accurate picture of which environmental substances may be causing you health problems without performing extensive skin testing. 33 items are tested in total and the molds, grasses, and trees tested are those most common locally. Using patient results, the lab is able to create injectable formulas that are customized to the individual's sensitivities, simplifying the process of allergy treatment.

What type of specimen is required?

Non-fasting test. Blood is drawn in our office on a Tuesday only.

Where and How do I perform this test? The test will be performed in our office.

When will I see my results? Results typically take 2 -3weeks before our office receives them.

How much does this test cost?

Prepay Amount- \$363.00 Deferred Amount- \$660.00

Medicare Coverage: Patient may submit for Medicare Coverage and are not required to submit payment with specimen. However, a Molecular Medicine Consent form must be signed and accompany specimen.

Insurance Coverage: This test may be covered by some insurance companies. However, because coverage may vary by company, it is <u>strongly recommended</u> that the patient contact his/her insurer to verify coverage prior to submitting a specimen. To pre-verify coverage for this test use the following:

CPT Code: 86003

Diagnostic Code:

I, the undersigned patient, have read and understand the above. All of my questions regarding this test have been answered to my complete satisfaction.

 \Box I consent to proceed with this test at this time.

 \Box I refuse to proceed with this test at this time.

Patient Name

Patient/Legal Guardian Signature

Legal Guardian Name

Date

Witness Signature

Date