

Dr. Leder has requested that you complete the **Histamines & Pyrroles**

**Laboratory:** Bio Center Labs

**Phone Number:** (800) 494-7785

**What is the purpose of this test?**

Nutritional approaches to emotional concerns are often preferred when available, offering long-term, cause based solutions to difficult problems with few or none of the side effects associated with psychotropic medicine (anti-depressants, anti-anxiety drugs). The Histamine and Pyrroles Tests offer clues as to which nutrients may be helpful in balancing a person's emotional condition. This use of nutrients, along with diet, to treat emotional problems is called "Orthomolecular Psychiatry".

**What type of specimen is required?**

This test does not need to be drawn on a fast. The necessary tubes are provided in a kit by the lab. After your specimens are collected they will be frozen overnight at our office and sent to Bio Center. Both Blood/Urine specimens may be drawn by appointment on 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 weeks before our office receives them.

**How much does this test cost?**

All monies are collected upfront by check or credit card. This lab does not cover shipping costs, which must be included at the time of collection and must be made via a separate check to the air carrier.

**Histamines-** \$146.00

**Pyrroles-** \$40.00

**Fed Ex-** \$29.00

**Medicare Coverage:** Patient may submit for Medicare Coverage

**Insurance Coverage:** This test may be covered by some insurance companies. However, because coverage may vary by company, it is **strongly recommended** 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:

Histamines CPT Code: 83088

Pyrroles CPT Code: 84999

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.

- I consent to proceed with this test at this time.
- I refuse to proceed with this test at this time.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Legal Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date