



**JOLI DIAGNOSTIC INC.**

2451 Wehrle Drive  
Williamsville, New York 14221  
Phone: (716) 639-0443 Fax: (716) 639-0471



**GENERAL TEST REQUISITION**

Please fill out this form and send to the above address with the specimen to be analyzed. Thank you for using our laboratory services.

**Institution Information:**

Referring Physician Name \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Referring Institution (complete mailing and billing address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Patient Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female

Date Specimen Collected: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

ID or Medical Record Number: \_\_\_\_\_

**Test Requested on Specimen(s): (Please check applicable)**

- Disaccharidase Analysis (includes Lactase, Sucrase, Maltase and Palatinase levels )
- Pancreatic Enzymes (includes Amylase, Lipase, Trypsin and Chymotrypsin levels)
- Helicobacter Pylori Antibody Test
- Fecal Alpha-1-Antitrypsin Analysis
- Antineutrophil Cytoplasmic Antibodies (P-ANCA and C-ANCA)
- Pancreatic Elastase (on stool sample)
- Helicobacter pylori Specific Antigen (on stool sample)
- Breath Hydrogen Testing

*Billing is charged to the institution from which the sample is sent.*