

JOLI DIAGNOSTIC INC.

2451 Wehrle Drive

Williamsville, New York 14221

Phone: (716) 639-0443 Fax: (716) 639-0471

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

Referring Physician Name: _____

Referring Institution (complete mailing and billing address):

Phone Number: _____ Fax Number: _____

Patient Information:

Name: _____

Date of Birth: _____ Sex: _____

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)

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