



Allergy and Asthma Clinical Centers

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ABAI Certified Pediatric and Adult Allergy and Immunology Specialist

FLOW CYTOMETRIC IMMUNE/ALLERGEN FLOW CYTOMETRY TESTING AUTHORIZATION & INFORMED CONSENT

We now have available multi-parameter flow cytometry based lab testing to aid us in the diagnosis and management of your medical condition(s). This highly sophisticated laboratory method helps us to assess whether your immune system functions properly, examine the potential abnormalities in its cell population numbers and functions. Our elaborate assays identify and examine cellular components of your immune system, specifically focused on lymphocytes and basophils. These cells are pivotal in the defenses against bacteria, viruses, autoimmunity and allergies. Our assays are designed to examine numbers and properties of the live cells of your immune system, their potential abnormalities and also how they respond when they are exposed to allergens. Specifically, the tests can help to evaluate the clinical relevance of prior positive skin or blood IgE allergy testing and/or diagnose other environmental or food allergies. Such flow cytometry assays have been shown in clinical studies to have good correlation with the patient's reaction to the food allergen in the "live situation". These tests/panels are not performed by LabCorp or Quest.

CONSENT:

I understand that this test aims to assist in the diagnosis and treatment of my/my child's medical condition(s). I also understand the accuracy of the flow cytometry depends on the type of the test, the nature of the clinical condition, and the accuracy of the clinical information. No laboratory test, including flow cytometry testing, is 100% accurate. I understand that it is possible that the test may not work properly and that I need to discuss the outcomes of the requested tests with my physician.

Test results are confidential and will be released only to the referring physician or other health care provider as specified on the test's requisition. The test results are part of my/ my child's medical record and will not be released without my consent. However, they may be accessible to my health insurance provider or other parties within legal limits.

I understand that it is my responsibility to verify the coverage of the testing or any referral/pre-approval requirements for this test with my insurance. I acknowledge that I am the party financially responsible for the payment of the cost of the testing after my insurance paid their part.

The test and its limitations have been satisfactorily explained to me. I acknowledge that I have discussed the benefits, risks and limitations of this testing with my physician and/or other health care professional. I authorize Allergy and Asthma Clinical Centers Laboratory Division to analyze my/my child's blood sample for an immunological/allergy evaluation.

Patient/LegalGuardian Signature: _____

Patient /Legal Guardian Name: _____ Date _____

PLEASE READ THE OTHER SIDE "HOW MUCH WILL THE TEST COST ME?"

**FLOW CYTOMETRIC IMMUNE/ALLERGEN FLOW CYTOMETRY TESTING
AUTHORIZATION & INFORMED CONSENT – COST INFORMATION**

Your physician has ordered laboratory tests to be performed by Allergy and Asthma Clinical Centers Lab. We accept and are in-network with all the major commercial carriers. We cannot accept Medicare or Medicaid payments for this test due to the Federal Government regulations.

In the past, we have identified that most PPO plans pay for the testing (most in full unless you have unmet deductible and the test is a subject to it) while most HMOs do not. We cannot estimate the coverage by your particular insurance plan due to the number of various plans and distinct contracts within each plan. It remains solely your responsibility to contact your insurance to verify the coverage, referral requirements or prior approvals for this test. However, if your insurance does not cover the test, you have high deductible or co-pay, we offer convenient payment plans. Please contact your insurance if you are unsure whether you have deductible, co-insurance or other questions regarding your insurance plan.

We use CPT codes 88184, 88185 and 88189 when billing your insurance for the testing.

Please call us at 855-528-7348 if you have any additional questions.