CTA PATHOLOGY
CURTIS THOMPSON, MD & ASSOCIATES
SKIN, HAIR AND NAIL EXPERTS

INDIRECT IMMUNOFLUORESCENCE REQUISITION

Phone: 503.906.7300 Fax: 503.245.8219

CTA Pathology
9750 SW Nimbus Ave
Beaverton, OR 97008

Tests Requested

☐ **Serum Specimen for Indirect Immunofluorescence**
(includes IgA, IgG and IgG4 on monkey esophagus & salt-split skin)

Serum specimens preferred, whole blood accepted.
Please reference our website for support procuring serum specimens.

Submitting Physician (Name and Telephone)	**Today's Date**
Clinic Name	**Date of Collection** (*Required*)
Patient Name (Last, First M)	**Patient Date of Birth** (*Required*)
Patient Address (mailing: street or box, city, state, ZIP)	
Clinical Information/Diagnosis and Applicable History	

Bill to: ☐ Insurance ☐ Medicare ☐ Medicaid/OMAP ☐ Patient ☐ Physician (*fill in or attach information*)

Primary Insurance	**Secondary Insurance**
Policy Holder's Name	Policy Holder's Name
ID/Group Numbers	ID/Group Numbers
Billing Address	Billing Address

Blood draw facility if different from submitting physician's office:	
Clinic Name	**Phone**
Clinic Address	**Fax**
Submitting Physician Signature	