

PATIENT INFORMATION

Patient's Name

Age	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
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For Repeat/Follow-Up Patients

Old PoleStar Accession No.

CLINICIAN INFORMATION

Doctor's Name

Mobile	Email
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CLIENT INFORMATION

Client Code	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Please Enter Correct Client Code (Mandatory)								

Please Affix Your Stamp Here (Mandatory)
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Please Update, If Changed

Mobile

E-mail

SPECIMEN INFORMATION

Collection Date:	Collection Time:
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Specimen Collected At:	<input type="checkbox"/> Client Lab <input type="checkbox"/> Hospital <input type="checkbox"/> Other Lab
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SPECIMEN RETENTION TIME

Specimens Will Be Retained For 2-14 Days Depending Upon Specimen Type From Date Of Receipt In Order To Facilitate Additional Tests If Required (Subject To Quantity Being Sufficient).

Signature Of Requisitioner	Date:
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TEST DETAILS

Please Refer To PoleStar Directory Of Services (DOS) For Test Code And Test Name. **Tick (✓) The Required Test.**

Category	Test Code	Test Name
<input type="checkbox"/>	E1	ALEX-2 Complete Allergy Profile
<input type="checkbox"/>	E1	ALEX-2-TE Complete Allergy Profile + Total IgE
<input type="checkbox"/>	E2	PP-30 Indian Paediatric Panel
<input type="checkbox"/>	E2	PP-30-TE Indian Paediatric Panel + Total IgE
<input type="checkbox"/>	E2	AP1-30 Indian Atopic Panel 1
<input type="checkbox"/>	E2	AP1-30-TE Indian Atopic Panel 1 + Total IgE
<input type="checkbox"/>	E2	AP2-30 Indian Atopic Panel 2
<input type="checkbox"/>	E2	AP2-30-TE Indian Atopic Panel 2 + Total IgE
<input type="checkbox"/>	E2	FP-10 Fungal Panel
<input type="checkbox"/>	E2	FP-10-TE Fungal Panel + Total IgE
<input type="checkbox"/>	E2	MG-06 Milk Plus Gluten
<input type="checkbox"/>	E2	MG-06-TE Milk Plus Gluten + Total IgE
<input type="checkbox"/>	E2	VP-08 Insect Venom Panel
<input type="checkbox"/>	E2	VP-08-TE Insect Venom Panel + Total IgE
<input type="checkbox"/>	E3	HDM-07 Dust Mite Cluster
<input type="checkbox"/>	E3	HDM-07-TE Dust Mite Cluster + Total IgE
<input type="checkbox"/>	E4	MIX-01 Baby Food Mix
<input type="checkbox"/>	E4	MIX-01-TE Baby Food Mix + Total IgE
<input type="checkbox"/>	E4	MIX-02 Epithelia Mix
<input type="checkbox"/>	E4	MIX-02-TE Epithelia Mix + Total IgE
<input type="checkbox"/>	E4	MIX-03 Flour Mix
<input type="checkbox"/>	E4	MIX-03-TE Flour Mix + Total IgE
<input type="checkbox"/>	E4	MIX-04 Food Screening
<input type="checkbox"/>	E4	MIX-04-TE Food Screening + Total IgE

Category	Test Code	Test Name
<input type="checkbox"/>	E4	MIX-05 Fruits Mix 1
<input type="checkbox"/>	E4	MIX-05-TE Fruits Mix 1 + Total IgE
<input type="checkbox"/>	E4	MIX-06 Fruits Mix 2
<input type="checkbox"/>	E4	MIX-06-TE Fruits Mix 2 + Total IgE
<input type="checkbox"/>	E4	MIX-07 Inhalation Allergens
<input type="checkbox"/>	E4	MIX-07-TE Inhalation Allergens + Total IgE
<input type="checkbox"/>	E4	MIX-08 Mites Mix 1
<input type="checkbox"/>	E4	MIX-08-TE Mites Mixture 1 + Total IgE
<input type="checkbox"/>	E4	MIX-09 Mites Mix 2
<input type="checkbox"/>	E4	MIX-09-TE Mites Mixture 2 + Total IgE
<input type="checkbox"/>	E4	MIX-10 Molds Mix 1
<input type="checkbox"/>	E4	MIX-10-TE Molds Mix 1 + Total IgE
<input type="checkbox"/>	E4	MIX-11 Molds Mix 2
<input type="checkbox"/>	E4	MIX-11-TE Molds Mix 2 + Total IgE
<input type="checkbox"/>	E4	MIX-12 Nuts Mix
<input type="checkbox"/>	E4	MIX-12-TE Nuts Mix + Total IgE
<input type="checkbox"/>	E4	MIX-13 Spices Mix 1
<input type="checkbox"/>	E4	MIX-13-TE Spices Mix 1 + Total IgE
<input type="checkbox"/>	E4	MIX-14 Spices Mix 2
<input type="checkbox"/>	E4	MIX-14-TE Spices Mix 2 + Total IgE
<input type="checkbox"/>	E4	MIX-15 Vegetables Mix 1
<input type="checkbox"/>	E4	MIX-15-TE Vegetables Mix 1 + Total IgE
<input type="checkbox"/>	E4	MIX-16 Vegetables Mix 2
<input type="checkbox"/>	E4	MIX-16-TE Vegetables Mix 2 + Total IgE
<input type="checkbox"/>	G1	FOX Food Intolerance

Individual Allergens: Please Refer To PoleStar DOS For Test Code And Test Name.

Test Code	Test Name
TOT-E	Total IgE

Test Code	Test Name

FOR POLESTAR USE ONLY

Stick Accession Bar Code Here

Date Of Receipt	Temperature Received <input type="checkbox"/> Frozen (< - 20°C) <input type="checkbox"/> Cold (2 - 8°C) <input type="checkbox"/> Ambient
Time Of Receipt	

Signature Of Accessioning Officer

PoleStar

POLESTAR CLINICAL LABORATORIES
 601 / 605 Chesterton, Wood Street,
 Hiranandani Estate, Thane West,
 Maharashtra - 400 607, India.
 Phone: +91 22 4149 8585
 Email: contact@polestarlabs.in