



# Rheumatology

- BILL TO:**
- MY ACCOUNT
  - PATIENT
  - MEDICARE
  - RAILROAD MEDICARE
  - MEDICAID
  - Lab Card/Select
  - OTHER INSURANCE

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

REGISTRATION # (IF APPLICABLE)

DATE OF BIRTH

M M D D YEAR

SEX

PATIENT SOCIAL SECURITY #

OFFICE / PATIENT ID #

ROOM #

LAB REFERENCE #

PATIENT PHONE #

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

CITY

STATE

ZIP

MEDICARE NUMBER

SUFFIX

**PRIMARY INSURANCE**

MEDICAID NUMBER

RELATIONSHIP TO INSURED:  SELF  SPOUSE  DEPENDENT

PRIMARY INSURANCE CO. NAME

MEMBER / INSURED ID #

GROUP #

INSURANCE ADDRESS

CITY

STATE

ZIP

EMPLOYER NAME/EMPLOYER #

INSURED SOCIAL SECURITY # (if not patient)

ACCOUNT #:

NAME:

ADDRESS:  
CITY, STATE, ZIP

TELEPHONE #:

**DID YOU KNOW****Panel Components Are Listed On The Back.****Reflex Tests Are Performed At An Additional Charge.****PSC Appointment Website And Telephone Number Information Listed On The Back.****Each Sample Should Be Labeled With At Least Two Patient Identifiers At Time Of Collection.**DATE COLLECTED TIME  AM  PM TOTAL VOL./HRS.  Fasting  Non Fasting

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)

 ADDIT'L PHYS.: Dr. \_\_\_\_\_ NPI/UPIN \_\_\_\_\_  
 NON-PHYSICIAN PROVIDER: NAME \_\_\_\_\_ I.D.# \_\_\_\_\_

 Fax Results to: ( ) \_\_\_\_\_  
 Send Client # OR NAME: \_\_\_\_\_  
 Duplicate ADDRESS: \_\_\_\_\_  
 Report to: CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
**Medicare Limited Coverage Tests**

@ = May not be covered for the reported diagnosis.  
 F = Has prescribed frequency rules for coverage.  
 & = A test or service performed with research/experimental kit.  
 B = Has both diagnosis and frequency-related coverage limitations.

**Provide signed ABN when necessary****ICD Codes (enter all that apply)****RHEUMATIC AND RELATED SYSTEMIC DISEASES**

- 249  ANA, IFA with Reflex to Titer and Pattern S
- 16814  ANA, IFA with Reflex to Titer/Pattern/Cascade S
- 19946  ANAchoice®, Specific Antibody Cascade S
- 4420  C-Reactive Protein (CRP) S
- 809  Erythrocyte Sedimentation Rate, Westergren (ESR) WBL

**RHEUMATOID ARTHRITIS AND OTHER ARTHROPATHIES**

- 91472  IdentRA™ Panel with 14-3-3 η (eta) Protein S
- 4418  Rheumatoid Factor SST
- 11173  Cyclic Citrullinated Peptide (CCP) Antibody (IgG) S
- 91455  14-3-3 η (eta) Protein S
- 19705  Rheumatoid Factor (IgA, IgG, IgM) SR
- 15682  Rheumatoid Factor (IgA) SR
- 15683  Rheumatoid Factor (IgG) SR
- 7832  Sjögren's Antibodies (SS-A, SS-B) S
- 38568  Sjögren's Antibody (SS-A) S
- 38569  Sjögren's Antibody (SS-B) S

**ACUTE ONSET ARTHRITIS**

- 34296  Parvovirus B19 DNA, Qualitative, Real-Time PCR Δ
- 8948  Parvovirus B19 Antibody (IgM) S
- 8945  Parvovirus B19 Antibody (IgG) S
- 37673  Rubella Antibodies (IgG, IgM) S
- 802  Rubella Immune Status (IgG) S
- 4422  Rubella Antibody (IgM) S
- 905  Uric Acid SST
- 265  Anti-Streptolysin O Antibody (ASO) S
- 5617  Streptococcus Group B Culture\* S
- 480  Neisseria gonorrhoeae (GC), Culture\* S
- 6646  Lyme Disease Antibody w/Reflex to Blot (IgG, IgM) S

**SYSTEMIC LUPUS ERYTHEMATOSUS AND COMPLICATIONS**

- 255  DNA (ds) Antibody, (Immuno Bead) S
- 16093  DNA (ds) Antibody, High Avidity ELISA, (Farrzyme) S
- 37092  DNA (ds) Antibody, Crithidia IFA with Reflex to Titer S
- 34088  Chromatin (Nucleosomal) Antibody S
- 37056  Histone Antibodies S
- 7448  Sm and Sm/RNP Antibodies S
- 37923  Sm Antibody S
- 19887  RNP Antibody S
- 19899  RNA Polymerase III Antibody S
- 7079  Lupus Anticoagulant Evaluation with Reflex Δ
- 17408  PTT-LA FPLB
- 15780  dRVVT Screen with Reflex to dRVVT Confirm and dRVVT 1:1 Mix FPLB
- 883  Thrombin Clotting Time Δ
- 7352  Cardiolipin Antibodies (IgG, IgA, IgM) PLB
- 4662  Cardiolipin Antibodies (IgG) PLB
- 4661  Cardiolipin Antibodies (IgA) PLB
- 4663  Cardiolipin Antibodies (IgM) PLB
- 30340  β2-Glycoprotein I Antibodies (IgA, IgG, IgM) PLB
- 36552  β2-Glycoprotein I Antibodies (IgA) PLB
- 36554  β2-Glycoprotein I Antibodies (IgG) PLB
- 36553  β2-Glycoprotein I Antibodies (IgM) PLB
- 37097  Epidermal Antibodies with Reflex to Titer S
- 16033  Desmoglein (1 and 3) Antibodies Δ
- 16034  Bullous Pemphigoid BP180 (IgG) Δ
- 16136  Bullous Pemphigoid BP230 (IgG) Δ
- 10104  Myasthenia Gravis Panel 2 S
- 206  Acetylcholine Receptor Binding Antibody S
- 26474  Acetylcholine Receptor Modulating Antibody S
- 34459  Acetylcholine Receptor Blocking Antibody S
- 266  Striated Muscle Antibody with Reflex to Titer S

**SCLERODERMA, MYOSITIS AND OVERLAP SYNDROMES**

- 4942  Scleroderma (Scl-70) Antibody S
- 16088  Centromere B Antibody S
- 5810  Jo-1 Antibody S
- 37103  PM-Scl Antibody SR

**VASCULITIS**

- 36562  Cryoglobulin (% Cryocrit) Δ
- 37358  Cryoglobulin Screen w/Reflex to Cryoglobulin Profile Δ
- 257  Glomerular Basement Membrane Antibody (IgG) S
- 70159  ANCA Screen with MPO and PR3, w/Reflex to ANCA Titer S
- 34151  Proteinase-3 Antibody S
- 8796  Myeloperoxidase Antibody (MPO) S

**AUTOIMMUNE ENCEPHALOPATHIES AND NEUROPATHIES**

- 34283  Ribosomal P Antibody S
- 7085  Multiple Sclerosis Panel 2 Δ
- 223  Albumin S
- 674  Oligoclonal Bands (IgG), CSF Δ
- 663  Myelin Basic Protein, CSF Δ
- 7558  IgG Synthesis Rate/Index, CSF Δ
- 37093  Ganglioside GM1 Antibodies (IgG, IgM) S
- 38836  Ganglioside Asialo-GM1 Antibody (IgM) S
- 39462  Ganglioside Asialo-GM1 Antibody (IgG) S
- 38964  Ganglioside GD1a Antibody (IgM) S
- 37439  Ganglioside GD1b Antibody (IgM) S

**\* Additional charge for ID and Susceptibilities**

ADDITIONAL TESTS: (MUST INCLUDE COMPLETE TEST NAME AND ORDER CODE. REFER TO DIRECTORY OF SERVICES.)

Please visit [QuestDiagnostics.com/TestCenter](http://QuestDiagnostics.com/TestCenter)

COMMENTS, CLINICAL INFORMATION:

TOTAL TESTS ORDERED

1 Physician Signature (Required for PA, NY, NJ &amp; WV)

**For any patient of a payor (including Medicare and Medicaid), only order those tests which are medically necessary for the diagnosis and treatment of the patient.**

**Specimen Key:**

<b>B</b> = Blue top tube	<b>HB</b> = Human breath
<b>BX</b> = Unopened Barrier tube	<b>L</b> = Lavender top tube
<b>FBP</b> = Frozen Plasma Blue top tube	<b>PLB</b> = Plasma Light Blue tube
<b>FP</b> = Frozen Plasma	<b>S</b> = Serum
<b>FPL</b> = Frozen Plasma Lavender top tube	<b>SR</b> = Serum from a Red top tube
<b>FPLB</b> = Frozen Plasma Light Blue tube	<b>SST</b> = Spun Barrier tube
<b>FS</b> = Frozen Serum	<b>TN</b> = Tan top tube (EDTA)
<b>GN</b> = Green top tube (Sodium Heparin)	<b>WBL</b> = Whole blood Lavender top tube
<b>GY</b> = Gray top tube	<b>Y</b> = Yellow top tube

7085 Multiple Sclerosis Panel 2	10104 Myasthenia Gravis Panel 2	16814 - ANA Screen, IFA with Reflex to Titer/ Pattern/Cascade	19946 - ANAchoice® Specific Antibody Cascading Reflex	91472 - Rheumatoid Arthritis Diagnostic Panel IdentRA™ with 14-3-3 eta	7079 - Lupus Anticoagulant Evaluation with Reflex	37358 - Cryoglobulin Screen with Reflex to Cryoglobulin Profile
223 - Albumin	206 - Acetylcholine Receptor Binding Antibody	249 - ANA IFA Screen w/Reflex to Titer and Pattern, IFA	255 - dsDNA Antibody	4418 - Rheumatoid Factor	17408 - PTT-LA	Cryocrit Immunodiffusion
7558 - IgG Synthesis Rate/Index, CSF	26474 - Acetylcholine Receptor Modulating Antibody	255 - dsDNA Antibody	7448 - Sm and Sm/RNP Antibodies	11173 - Cyclic Citrullinated Peptide (CCP) Antibody (IgG)	15780 - dRVVT	Cryocrit Immunofixation
663 - Myelin Basic Protein (MBP) CSF	34459 - Acetylcholine Receptor Blocking Antibody	7448 - Sm/RNP Antibody	19887 - RNP Antibody	91455 - 14-3-3 η (eta) Protein		4418 - Rheumatoid Factor
674 - Oligoclonal Bands, CSF		37923 - Sm Antibody	37923 - Sm Antibody			
		19887 - RNP Antibody	34088 - Chromatin Antibody			
		34088 - Chromatin Antibody				



**Patients: Minimize your wait time by scheduling an appointment at a convenient Patient Service Center.**

To find a location and make an appointment visit us at [QuestDiagnostics.com/appointment](http://QuestDiagnostics.com/appointment) or call 888-277-8772 or simply download our mobile app. at [QuestDiagnostics.com/mobile](http://QuestDiagnostics.com/mobile)



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**BILL TO:**

- MY ACCOUNT
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- MEDICARE
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- Lab Card/Select
- OTHER INSURANCE

PRINT PATIENT NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_

REGISTRATION # (IF APPLICABLE) \_\_\_\_\_ DATE OF BIRTH M / M / D / D / YEAR \_\_\_\_\_ SEX \_\_\_\_\_

PATIENT SOCIAL SECURITY # \_\_\_\_\_ OFFICE / PATIENT ID # \_\_\_\_\_

ROOM # \_\_\_\_\_ LAB REFERENCE # \_\_\_\_\_ PATIENT PHONE # \_\_\_\_\_

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT \_\_\_\_\_

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # \_\_\_\_\_ KEY # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MEDICARE NUMBER \_\_\_\_\_ SUFFIX \_\_\_\_\_

**DID YOU KNOW**

**Panel Components Are Listed On The Back.**

**Reflex Tests Are Performed At An Additional Charge.**

**PSC Appointment Website And Telephone Number Information Listed On The Back.**

**Each Sample Should Be Labeled With At Least Two Patient Identifiers At Time Of Collection.**

ACCOUNT #: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

DATE COLLECTED \_\_\_\_\_ TIME:  AM  PM TOTAL VOL./HRS. \_\_\_\_\_ ML \_\_\_\_\_ HR \_\_\_\_\_  Fasting  Non Fasting

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)

## PRIMARY INSURANCE

MEDICAID <sup>1</sup> NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

RELATIONSHIP TO INSURED:  SELF  SPOUSE  DEPENDENT

PRIMARY INSURANCE CO. NAME \_\_\_\_\_

MEMBER / INSURED ID # \_\_\_\_\_ GROUP # \_\_\_\_\_

INSURANCE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER NAME/EMPLOYER # \_\_\_\_\_ INSURED SOCIAL SECURITY # (if not patient) \_\_\_\_\_

ADDIT'L PHYS.: Dr. \_\_\_\_\_ NPI/UPIN \_\_\_\_\_

NON-PHYSICIAN PROVIDER: NAME \_\_\_\_\_ I.D.# \_\_\_\_\_

Fax Results to: ( ) \_\_\_\_\_

Send Client # OR NAME: \_\_\_\_\_  
Duplicate ADDRESS: \_\_\_\_\_  
Report to: CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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**Provide signed ABN when necessary**

ICD Codes (enter all that apply)		

RHEUMATIC AND RELATED SYSTEMIC DISEASES			SYSTEMIC LUPUS ERYTHEMATOSUS AND COMPLICATIONS			SCLERODERMA, MYOSITIS AND OVERLAP SYNDROMES		
249 <input type="checkbox"/> ANA, IFA with Reflex to Titer and Pattern	S	255 <input type="checkbox"/> DNA (ds) Antibody, (Immuno Bead)	S	4942 <input type="checkbox"/> Scleroderma (Scl-70) Antibody	S			
16814 <input type="checkbox"/> ANA, IFA with Reflex to Titer/Pattern/Cascade	S	16093 <input type="checkbox"/> DNA (ds) Antibody, High Avidity ELISA, (Farrzyme)	S	16088 <input type="checkbox"/> Centromere B Antibody	S			
19946 <input type="checkbox"/> ANAchoice®, Specific Antibody Cascade	S	37092 <input type="checkbox"/> DNA (ds) Antibody, Crithidia IFA with Reflex to Titer	S	5810 <input type="checkbox"/> Jo-1 Antibody	S			
4420 <input type="checkbox"/> C-Reactive Protein (CRP)	S	34088 <input type="checkbox"/> Chromatin (Nucleosomal) Antibody	S	37103 <input type="checkbox"/> PM-Scl Antibody	SR			
809 <input type="checkbox"/> Erythrocyte Sedimentation Rate, Westergren (ESR)	WBL	37056 <input type="checkbox"/> Histone Antibodies	S	<b>VASCULITIS</b>				
<b>RHEUMATOID ARTHRITIS AND OTHER ARTHROPATHIES</b>			7448 <input type="checkbox"/> Sm and Sm/RNP Antibodies	36562 <input type="checkbox"/> Cryoglobulin (% Cryocrit)			Δ	
91472 <input type="checkbox"/> IdentRA™ Panel with 14-3-3 η (eta) Protein	S	37923 <input type="checkbox"/> Sm Antibody	S	37358 <input type="checkbox"/> Cryoglobulin Screen w/Reflex to Cryoglobulin Profile	Δ	257 <input type="checkbox"/> Glomerular Basement Membrane Antibody (IgG)	S	
4418 <input type="checkbox"/> Rheumatoid Factor	SST	19887 <input type="checkbox"/> RNP Antibody	S	70159 <input type="checkbox"/> ANCA Screen with MPO and PR3, w/Reflex to ANCA Titer	S	34151 <input type="checkbox"/> Proteinase-3 Antibody	S	
11173 <input type="checkbox"/> Cyclic Citrullinated Peptide (CCP) Antibody (IgG)	S	19899 <input type="checkbox"/> RNA Polymerase III Antibody	S	8796 <input type="checkbox"/> Myeloperoxidase Antibody (MPO)	S	<b>AUTOIMMUNE ENCEPHALOPATHIES AND NEUROPATHIES</b>		
91455 <input type="checkbox"/> 14-3-3 η (eta) Protein	S	7079 <input type="checkbox"/> Lupus Anticoagulant Evaluation with Reflex	Δ	34283 <input type="checkbox"/> Ribosomal P Antibody			S	
19705 <input type="checkbox"/> Rheumatoid Factor (IgA, IgG, IgM)	SR	17408 <input type="checkbox"/> PTT-LA	FPLB	7085 <input type="checkbox"/> Multiple Sclerosis Panel 2			Δ	
15682 <input type="checkbox"/> Rheumatoid Factor (IgA)	SR	15780 <input type="checkbox"/> dRWV Screen with Reflex to dRWV Confirm and dRWV 1:1 Mix	FPLB	223 <input type="checkbox"/> Albumin			S	
15683 <input type="checkbox"/> Rheumatoid Factor (IgG)	SR	883 <input type="checkbox"/> Thrombin Clotting Time	Δ	674 <input type="checkbox"/> Oligoclonal Bands (IgG), CSF			Δ	
7832 <input type="checkbox"/> Sjögren's Antibodies (SS-A, SS-B)	S	7352 <input type="checkbox"/> Cardiolipin Antibodies (IgG, IgA, IgM)	PLB	663 <input type="checkbox"/> Myelin Basic Protein, CSF			Δ	
38568 <input type="checkbox"/> Sjögren's Antibody (SS-A)	S	4662 <input type="checkbox"/> Cardiolipin Antibodies (IgG)	PLB	7558 <input type="checkbox"/> IgG Synthesis Rate/Index, CSF			Δ	
38569 <input type="checkbox"/> Sjögren's Antibody (SS-B)	S	4661 <input type="checkbox"/> Cardiolipin Antibodies (IgA)	PLB	37093 <input type="checkbox"/> Ganglioside GM1 Antibodies (IgG, IgM)			S	
<b>ACUTE ONSET ARTHRITIS</b>			4663 <input type="checkbox"/> Cardiolipin Antibodies (IgM)	38836 <input type="checkbox"/> Ganglioside Asialo-GM1 Antibody (IgM)			S	
34296 <input type="checkbox"/> Parvovirus B19 DNA, Qualitative, Real-Time PCR	Δ	30340 <input type="checkbox"/> β2-Glycoprotein I Antibodies (IgA, IgG, IgM)	PLB	39462 <input type="checkbox"/> Ganglioside Asialo-GM1 Antibody (IgG)			S	
8948 <input type="checkbox"/> Parvovirus B19 Antibody (IgM)	S	36552 <input type="checkbox"/> β2-Glycoprotein I Antibodies (IgA)	PLB	38964 <input type="checkbox"/> Ganglioside GD1a Antibody (IgM)			S	
8945 <input type="checkbox"/> Parvovirus B19 Antibody (IgG)	S	36554 <input type="checkbox"/> β2-Glycoprotein I Antibodies (IgG)	PLB	37439 <input type="checkbox"/> Ganglioside GD1b Antibody (IgM)			S	
37673 <input type="checkbox"/> Rubella Antibodies (IgG, IgM)	S	36553 <input type="checkbox"/> β2-Glycoprotein I Antibodies (IgM)	PLB	* Additional charge for ID and Susceptibilities			S	
802 <input type="checkbox"/> Rubella Immune Status (IgG)	S	37097 <input type="checkbox"/> Epidermal Antibodies with Reflex to Titer	S					
4422 <input type="checkbox"/> Rubella Antibody (IgM)	S	16033 <input type="checkbox"/> Desmoglein (1 and 3) Antibodies	Δ					
905 <input type="checkbox"/> Uric Acid	SST	16034 <input type="checkbox"/> Bullous Pemphigoid BP180 (IgG)	S					
265 <input type="checkbox"/> Anti-Streptolysin O Antibody (ASO)	S	16136 <input type="checkbox"/> Bullous Pemphigoid BP230 (IgG)	S					
5617 <input type="checkbox"/> Streptococcus Group B Culture*	S	10104 <input type="checkbox"/> Myasthenia Gravis Panel 2	S					
480 <input type="checkbox"/> Neisseria gonorrhoeae (GC), Culture*	S	206 <input type="checkbox"/> Acetylcholine Receptor Binding Antibody	S					
6646 <input type="checkbox"/> Lyme Disease Antibody w/Reflex to Blot (IgG, IgM)	S	26474 <input type="checkbox"/> Acetylcholine Receptor Modulating Antibody	S					
			34459 <input type="checkbox"/> Acetylcholine Receptor Blocking Antibody					
			266 <input type="checkbox"/> Striated Muscle Antibody with Reflex to Titer					

ADDITIONAL TESTS: (MUST INCLUDE COMPLETE TEST NAME AND ORDER CODE. REFER TO DIRECTORY OF SERVICES.)

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COMMENTS, CLINICAL INFORMATION: \_\_\_\_\_

TOTAL TESTS ORDERED \_\_\_\_\_

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7558 - IgG Synthesis Rate/Index, CSF	26474 - Acetylcholine Receptor Modulating Antibody	255 - dsDNA Antibody	7448 - Sm and Sm/RNP Antibodies	11173 - Cyclic Citrullinated Peptide (CCP) Antibody (IgG)	15780 - dRVVT	Cryocrit Immunofixation
663 - Myelin Basic Protein (MBP) CSF	34459 - Acetylcholine Receptor Blocking Antibody	7448 - Sm/RNP Antibody	19887 - RNP Antibody	91455 - 14-3-3 η (eta) Protein		4418 - Rheumatoid Factor
674 - Oligoclonal Bands, CSF		37923 - Sm Antibody	37923 - Sm Antibody			
		19887 - RNP Antibody	34088 - Chromatin Antibody			
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