



Inflammatory Markers Laboratory, LLC
9412 E Central Ave.
Wichita, KS 67206
Telephone #: 316-558-5850
Fax #: 1-888-494-1636

Out of State- Test Request Form

Your Patient has purchased the Chronic Inflammation Test from Inflammatory Markers Diagnostic Laboratory in Wichita, KS. We have received her specimen and are ready to process it, but state guidelines only permit us to run a specimen in the state of Maine with the practitioner's order. Please sign in the box below if you approve the following patient's request.

Patient Name _____ Sex _____ DOB _____

Individuals in the following states will need to get a practitioner's request in order to receive their results: AL, CT, FL, GA, ID, IL, IA, KY, ME, MA, MI, NV, NH, NC, OR, SC, TN, WA, WY

Healthcare Practitioner Information:

Practitioner Name: _____ NPI _____

Practice Name: _____

Address: _____

City/State/Country/Zip/Postal Code: _____

Phone #: _____ Email _____

How would you like results reported to your Healthcare Practitioner? (Circle one)

Email Mail Fax # _____

Practitioner Signature _____ Date _____

Please fax or email this signed document to 888-494-1636 or admin@inflammatorymarkerslab.com

Individual Tests (Please check appropriate test)

____ Chronic Inflammation Test (Urinary 11-dehydrothromboxaneB₂) (Also known as AspirinWorks Test)

For Lab Use Only: _____

IML Cannot perform testing in the states of NY and RI

IML ID# _____