



JOLI DIAGNOSTIC INC.
2451 WEHRLE DRIVE
Williamsville, New York 14221
Phone: (716) 639-0443 Fax: (716) 639-0471

Please fill out this form and send to the above address with the specimen to be analyzed. Thank you for using our laboratory services.

Referring Physician Name: _____

Referring Institution (complete mailing and billing address):

Phone Number: _____

Fax Number: _____

Patient Information:

Name: _____

Date of Birth: _____

Sex: _____

Date Specimen Collected: _____

Diagnosis: _____

ID or Medical Record Number: _____

Test Requested on Specimen(s): (Please check applicable)

____ Disaccharidase Analysis *(on small bowel biopsy-includes Lactase, Sucrase, Maltase and Palatinase levels)*

____ Pancreatic Enzymes *(on pancreatic fluid-includes Amylase, Lipase, Trypsin and Chymotrypsin levels)*

____ Pancreatic Elastase *(frozen stool sample) (Pancreatic enzyme substitution therapy should be discontinued prior to sample collection)*

____ Helicobacter pylori Specific Antigen *(frozen stool sample)*

____ Fecal Calprotectin *(stool sample-temperature must not exceed 30°C during transport)*

Billing is charged to the institution from which the sample is sent.