



**Lab order**

Date:

Name:  
 DOB:  
 Gender:  
 ID:  
 Phone:  
 Address:

Requesting Provider Information  
 New England Food Allergy Treatment Center  
 Provider Name: Jeffrey Factor, MD  
 Address: 836 Farmington Ave Suite 138  
 West Hartford, CT 06119  
 Phone: 860-986-6099  
 FAX: 860-761-2674

Test to be done	Quest Test Code	Test name	Specimen	ICD 10 code
√	2801	f001-IgE Egg White		T78.08XA
√	91372	Egg component panel: Ovalbumin (f232) IgE, Ovomuroid (f233) IgE		T78.08XA
√	17709	Egg IgG4		T78.08XA
√		CBC with diff		

Jeffrey Factor, MD  
 New England Food Allergy  
 Treatment Center

7-24-17