

ENTEROLAB
Kenneth Fine, M.D.

Patient of Dr. Daniel Schlenger

Fill in all sections including credit card payment information. Fax form directly to EnteroLab at 214-341-9522. You will then be sent the appropriate sample collection kit with instructions. Tissue samples are returned to EnteroLab in the package that comes with your kit.

All orders charged \$25 for shipping and materials fee in addition to below listed lab fees.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ Age: _____ DOB: _____

Sex: M _____ F _____ email (to get results) _____

Name on credit card: _____ Card Type: _____ (MC or Visa only)

Card Number: _____ CVV _____ Exp Date: _____

Referring Physician: Daniel Schlenger_Fax: 831-536-1685 Consent to send results to physician: Yes No

Previously tested with Enterolab? Yes No When: _____

- | | |
|---|----------|
| 1. Sensitivity Stool and Gene Panel Complete | \$369.00 |
| Antigliadin antibody, anti-tissue transglutaminase, malabsorption test, gene test and milk sensitivity test | |
| 2. Gluten Sensitivity Stool Panel Complete | \$249.00 |
| Antigliadin antibody, anti-tissue transglutaminase, malabsorption test | |
| 3. Egg, Yeast, Soy Food Sensitivity Test | \$99.00 |
| Tests for sensitivity to egg, yeast and soy | |
| 4. Gluten Sensitivity Stool Test | |
| Fecal anti gliadin (IgA) antibody | |
| 5. Tissue Transglutaminase stool test | \$99.00 |
| Fecal anti-tissue transglutaminase IgA antibody | |
| 6. Cow's milk Protein Sensitivity Stool Test | \$99.00 |
| Test for sensitivity to cow's milk protein casein | |
| 7. Egg Sensitivity Stool Test | \$99.00 |
| Test for sensitivity for the ovalbumin protein in chicken eggs | |
| 8. Yeast Sensitivity Stool Test | \$99.00 |
| Test for sensitivity to dietary yeast | |
| 9. Intestinal Malabsorption Stool Test | \$99.00 |
| Quantitative Fecal Fat Microscopy Test | |
| 10. Acute/Chronic Colitis Stool Test | \$49.00 |
| Test for lactoferrin released from neutrophils in the colon | |
| 11. Gluten Sensitivity Gene Test | \$149.00 |
| HLA-DQ genetic test for predisposition to developing gluten sensitivity | |
| 12. Soy Sensitivity Stool Test | \$99.00 |
| Test for sensitivity to soy protein | |

Cancelled orders will incur a \$40 minimum charge. The balance of fees already charged will be refunded to your credit card less the \$40 cancelled fee charge.

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Client Questionnaire

Please answer these questions and return with your sample to help us interpret your tests and understand your results. All answers and test results are strictly confidential and are for the use of Enterolab only.

Name: _____ Date: _____

Phone number: (____) _____ email (to receive results): _____

Date of birth: _____ Age: _____ Sex: M ___ F ___ Height: _____ Weight _____

Blood-type (if known) _____ Ethnic origin: Caucasian _____ African-American _____ Asian-

American _____ Mexican-American _____ Asian-Indian-American _____ Native American _____

Other (list) _____

1.	Have you lost more than 10 lbs in the last six months?	Yes	No
2.	Have you gained more than 10 lbs in the last six months?	Yes	No
3.	Do you get spells of severe exhaustion or fatigue?	Yes	No
4.	Do you get mouth ulcers?	Yes	No
5.	Do you have frequent abdominal pain?	Yes	No
6.	Do you suffer from frequent indigestion?	Yes	No
7.	Do you vomit often?	Yes	No
8.	Do you often feel bloated after eating?	Yes	No
9.	Do you have frequent, loose bowel movements?	Yes	No
10.	Do you have frequent constipation?	Yes	No
11.	Do you have or does alcoholism run in your family? (please indicate in whom)	Yes	No
12.	Do you have microscopic colitis (or collagenous or lymphocytic colitis)?	Yes	No
13.	Do you have arthritis, asthma, diabetes, thyroid problems, psoriasis, or any other autoimmune syndrome? If so, list below.	Yes	No
14.	Have you been diagnosed with gluten sensitivity or celiac sprue? If so, how?	Yes	No
15.	Has anyone in your immediate family been diagnosed with gluten sensitivity or celiac sprue? If so, how (with what test)?	Yes	No
16.	Are you currently on a gluten-free diet? If so, for how long?	Yes	No
17.	Did your health improve after going on a gluten-free diet? (if applicable)	Yes	No
18.	Did you eat gluten in anticipation of this test? If so, for how long?	Yes	No
19.	Have you ever been tested with blood tests for celiac sprue? If so, what were the results (mention test and result please)?	Yes	No
20.	Have you ever had a small intestinal biopsy for celiac sprue? If so, what did the biopsy show?	Yes	No

What is your main symptom or reason for desiring testing? _____

If your health improved on a gluten-free diet, what improved? _____

What medical conditions do you have? _____

What diseases run in your family? _____

On a scale of 1-10, how would you rate your overall health (10 = excellent)? _____

Have you ever tested with EnteroLab before? If so, for what and when? _____