

QUEST DIAGNOSTICS TITER REQUISITION ORDER FORM

Name	SSN	
Street Address		
City	State	Zip
Daytime Phone Number		
Email Address		
If not a Chicago student, what is your regional site?		

Name of Test	Cost of Test	Amount Enclosed
Rubella Titer	\$11.00	
Rubeola (Measles) Titer	\$17.00	
Mumps Titer	\$17.00	
Varicella Titer	\$16.50	
Hepatitis B Surface Antibody <i>(only request this test if you have already finished the 3 vaccine Hepatitis B series)</i>	\$13.50	
Blood Drawing Charge	\$15.00	\$15.00 (required)
TOTAL AMOUNT ENCLOSED		
Money order or cashier's check only – payable to "UIC College of Nursing" NO CASH OR PERSONAL CHECKS PLEASE		

Please return this form with payment to:

UIC College of Nursing
 Attn: Immunity Records – Room 138
 845 S. Damen Ave. (MC 802)
 Chicago, IL 60612