

Lyme Disease Test Request Form

All information in RED boxes is REQUIRED for testing. TESTS MUST BE INDICATED BELOW TO PROCESS



IGeneX, Inc. Reference Laboratory

797 San Antonio Road Palo Alto, CA 94303
(800) 832.3200 • Fax (650) 424.1196
www.igenex.com

WE DO NOT BILL INSURANCE COMPANIES, MEDI-CAL OR MEDICAID

Please Bill:

- Patient** — Prepayment check credit card
Statement will be sent to patient to submit to health provider
- Patient** - bill at list price/signature required
- Workers Compensation** - attach complete documentation
- Medicare** - signature required below
- Referring Physician**
- Drawing Laboratory**

PREPAYMENT BY CREDIT CARD Visa, MasterCard, or Discover

Card Number _____
Expiration Date _____
Signature _____

* REQUIRED FOR MEDICARE PATIENTS

I am aware of the testing fees and understand that I am responsible for payment to IGeneX, Inc. if Medicare denies payment for these tests.

Medicare Number _____
Signature of Medicare Patient _____

For Lab Use Only:

- No sample for test marked Name & tube do not match
- No test marked for sample Clarify tests
- Unlabeled tubes

Specimen Information:

Serum X _____ Urine X _____
Date Coll _____ Date Coll _____
 Hemolyzed Gray Top
 Not Spun Buffer
 Lipemic Room Temperature
Whole Blood X _____ Same Dates
Date Coll _____
 Hemolyzed
Other _____
Sample _____ X _____

EHRlichiosis

- 203 Ehrlichiosis — HME (Monocytic IgG/IgM)
- 750 Ehrlichiosis — HME — PCR — Serum**
- 770 Ehrlichiosis — HME — PCR — Whole Blood**
- 206 Ehrlichiosis — HGE (Granulocytic IgG/IgM)
- 755 Ehrlichiosis — HME — PCR — Serum**
- 775 Ehrlichiosis — HME — PCR — Whole Blood**
- 670 Ehrlichia PCR Panel**
Test #'s 750 & 755
- 790 Comprehensive Ehrlichia Panel**
Test #'s 203, 750, 206, & 755

- 525 Comprehensive PCR Panel
Test #'s 456, 650, 750, & 755

BARTONELLA HENSELAE TESTS**

- 285 B. *henselae* Antibody IgG/IgM
- 750 B. *henselae* — PCR — (requires EDTA tube)
- 770 B. *henselae* — PCR — CSF (requires CSF)

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip _____

Day Phone () _____ Evening Phone () _____

/ / _____ - _____ - _____
Date of Birth Male Female Social Security Number

*** PATIENT SIGNATURE REQUIRED ***

I am aware of the testing fee and understand that I am responsible for payment to IGeneX, Inc. within 30 days. I am responsible for submitting my own insurance claim. I am aware that I am responsible for the unpaid balance if insurance coverage is not 100%.

Patient Signature _____

REFERRING PHYSICIAN (Persons ordering tests must be licensed under California Business and Professions Code, Division 2 "Healing Arts.")

Name _____

Street Address _____

City, State, Zip _____

Telephone () _____ Fax () _____

Required for Medicare:
LIPIN Number _____ Diagnosis Code _____

DRAWING LABORATORY

Name _____

Street Address _____

City, State, Zip _____

Telephone () _____ Fax () _____

DIRECT DETECTION for *B. burgdorferi*

- 800 Lyme DOT BLOT Assay (LDA) Antigen
- 805** Number of samples sent _____
Sample 1 collected _____
Sample 2 collected _____
Sample 3 collected _____

875 Lyme DOT BLOT Assay / PCR Panel

Includes DOT BLOT Assay for Ag (3 samples) and Multiplex PCR on 3 pooled samples

850 Reverse Western Blot (*B. burgdorferi*)

Performed only for confirmation of positive LDA samples. Please check only if confirmation is requested.**

Multiplex PCR — *B. burgdorferi* (Genomic & Plasmid PCR)

- 456 Whole Blood
- 450 Urine
- 453 Serum
- 459 CSF
- 462 Misc
- 465 Pooled Urine

_____ Sample Type for Misc
(Tissue, breast milk, etc)

**Not yet available for NY Residents

ANTIBODY ASSAYS for *B. burgdorferi*

- 183 IgG/IgM Antibody Serology*
- 195 IgM Antibody Serology*
- *ABOVE TESTS PERFORMED ONLY IN CONJUNCTION WITH WESTERN BLOTS
- 189 IgG Western Blot
- 188 IgM Western Blot

CENTRAL NERVOUS SYSTEM

- 810 Lyme DOT BLOT on CSF

BABESIOSIS

- 200 B. *microti* Antibody IgG/IgM
- 650 Babesia — PCR (requires EDTA tube)
- 640 Babesia FISH (RNA)
- 670 Babesia Comprehensive Panel
Test #'s 200, 650, 640
- 710 WA-1 Antibody IgG/IgM
- 688 WA-1 PCR**