



IGeneX, Inc

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[www.igenex.com](http://www.igenex.com)

# TICK TEST REQUEST FORM

Effective September / 2006

## TO SEND A TICK:

- Place ticks (up to 20) in a small tube or plastic baggy with a small piece of moist cotton.
- Place container in a sealed plastic bag.
- Print this form.
- Fill out all sections of this form.
- Place form, check and sealed plastic bag in padded envelope or box.
- Send to IGeneX, Inc. and mark front of envelope or box with "TT."
- IGeneX does not "TYPE" or determine the species of the ticks. If you want to "TYPE" your tick, please contact your local Vector Control Center.
- Once your tick(s) has been processed, the tick(s) can not be returned to you

**For Multiple Ticks:** Up to 20 ticks will be tested together at one time, unless indicated otherwise. If ticks are tested separately, the charge will be per tick.

Please test my ticks separately.  Yes

Please test the tick by PCR for:

<input type="checkbox"/>	Test 140	Lyme Disease ( <i>Borrelia burgdorferi</i> )	\$60.00
<input type="checkbox"/>	Test 689	Babesiosis ( <i>Babesia microti</i> and/or WA-1)	\$60.00
<input type="checkbox"/>	Test 148	Ehrlichiosis ( <i>Ehrlichia</i> )	\$60.00
<input type="checkbox"/>	Test 290	Bartonella henselae	\$60.00
<input type="checkbox"/>	Test 975	Rickettsia	\$60.00

### Name and Address of Sender:

If you would like completed results faxed or called, please indicate below. Otherwise, results will be mailed by USPS.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please fax my results to:  
(     ) \_\_\_\_\_

**Phone:**  
(     ) \_\_\_\_\_

Please call me with my results at:  
(     ) \_\_\_\_\_

- Check enclosed payable to IGeneX, Inc.
- Please charge my credit card for the above tests:
- VISA      MasterCard      Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_