



TICK TEST REQUEST FORM

BS-F-036 REV.002 11-11-2016

Office
Use Only

795 San Antonio Road | Palo Alto | CA 94303-4801 | T: (800) 832-3200 | F: (650) 424-1196 | www.igenex.com

Directions to send tick(s) for testing:

- Tick(s) can be alive or dead for PCR testing.
- Please DO NOT preserve the tick (no formaldehyde, alcohol, or tape)
- Place ticks (up to 20) in a small plastic tube or sealed plastic bag and enclose in an envelope or package suitable for mailing/shipping. (Please mark front of envelope or package with "TT")
- Complete the lower portion of this form
- Please send the tick by FedEx, UPS, or US Mail)
- Please ship or mail your tick and completed Tick Test Requisition Form to:

IGeneX, Inc. - Specimen Processing Dept.
795 San Antonio Road
Palo Alto, CA 94303

**For multiple Ticks: up to 20 ticks will be tested together at one time unless indicated otherwise.

If ticks are tested separately, the charge is per tick.

Please test my ticks separately Yes

Please note:

- IGeneX does not "TYPE" or determine the species of the tick(s). If you wish to "TYPE" your tick(s), please contact your local Vector Control Center.
- Once your tick(s) have been processed, the tick cannot be returned to you
- Ticks are NOT a clinical sample and will not be reimbursed by most Healthcare Insurance Providers.

Tick Tests		
<input type="checkbox"/> Test 140	Lyme Disease (<i>B. burgdorferi</i>)	\$68.00
<input type="checkbox"/> Test 571	Relapsing Fever (Relapsing Fever <i>Borrelia</i>)	\$68.00
<input type="checkbox"/> Test 148	Ehrlichiosis (<i>Ehrlichia</i> and/or <i>Anaplasma</i>)	\$68.00
<input type="checkbox"/> Test 290	Bartonellosis (<i>Bartonella</i>)	\$68.00
<input type="checkbox"/> Test 975	Rickettsiosis (<i>Rickettsia</i>)	\$68.00
<input type="checkbox"/> Test 689	Babesiosis (<i>B. microti</i> and/or <i>B. duncanii</i>)	\$68.00

Sender's Information (Please Print)

First and Last Name	If you would like results faxed or called, please indicate below. Otherwise, results will be mailed via USPS. <input type="checkbox"/> Please call me with my results at: () - <input type="checkbox"/> Please fax my completed results to: () -
Address	

Payment

Check enclosed (payable to IGeneX, Inc.) Check#: _____

Please charge my credit card for the above tests: Visa MasterCard Discover American Express

Credit Card Number: _____ Expiration Date: _____ / _____

Cardholder's Signature: _____