TICK TEST REQUEST FORM

Updated Pricing Effective 10-16-2017

Office Use Only

IGeneX Inc.

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		
❑ Test 140	Lyme Disease (*B. burgdorferi*)	$75.00
❑ Test 571	Relapsing Fever (Relapsing Fever *Borrelia*)	$75.00
❑ Test 148	Ehrlichiosis (*Ehrlichia* and/or *Anaplasma*)	$75.00
❑ Test 290	Bartonellosis (*Bartonella*)	$75.00
❑ Test 975	Rickettsiosis (*Rickettsia*)	$75.00
❑ Test 689	Babesiosis (*B. microti* and/or *B. duncani*)	$75.00

Sender's Information (Please Print)

First and Last Name

Address

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

❑ Please call me with my results at:
( ) -

❑ Please fax my completed results to:
( ) -

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: _____