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Animal Health Bartonella Test Request Form

Revised 2013-9-10

Bartonella Test Options

Bartonella ePCR™ combines BAPGM enrichment culture with highly sensitive *Bartonella* sp. PCR, providing enhanced detection of DNA missed by standard PCR detection methods. All positive PCR results are verified by DNA sequence.

***Bartonella* ePCR™ – single blood draw \$125**

***Bartonella* ePCR™ – triple draw blood \$250**

Required sample is 3 ml in EDTA tube. Test turnaround is 3 weeks.

***Bartonella* ePCR™ – single fluid \$125**

Fluids such as CSF, joint fluid, pericardial fluid, etc. are suitable for enrichment culture. Required sample is 3ml in serum/red top tube. Test turnaround is 3 weeks.

***Bartonella* ePCR™ – Fresh/frozen tissue \$200**

Required sample is 0.5 to 1 gram in cryotube or similar container. Test turnaround is 3 weeks.

***Bartonella* PCR– paraffin-embedded tissue \$125**

Tests for presence of *Bartonella* spp DNA. Typical sample is 2 cuts of at least 50 microns thickness each in sterile tube. Test turnaround is 1 week.

Serology Panel \$60

Tests for antibodies against *B henselae*, *B koehlerae*, and *B vinsonii berkhoffi*. Requires 3ml serum. Test turnaround is 1 week.

Clinic Information

Doctor
Clinic
Address
City State Zip
Contact Name
Tel Fax
Email
Report Delivery Preference <input type="checkbox"/> Email <input type="checkbox"/> Fax

Patient Information

Animal Name
Patient ID
Owner (first last)
Species Breed
DOB Sex <input type="checkbox"/> M <input type="checkbox"/> F
Condition?
On Antibiotics <input type="checkbox"/> Yes <input type="checkbox"/> No Type?
On Immunosuppressant <input type="checkbox"/> Yes <input type="checkbox"/> No Type?

Tests Requested (Aseptically collected samples produce the best results.)

Sample Type	Date Collected	Tests Requested
		<input type="checkbox"/> ePCR™ <input type="checkbox"/> PCR <input type="checkbox"/> Serology Panel (Bh, Bvb, Bk)
		<input type="checkbox"/> ePCR™ <input type="checkbox"/> PCR <input type="checkbox"/> Serology Panel (Bh, Bvb, Bk)
		<input type="checkbox"/> ePCR™ <input type="checkbox"/> PCR <input type="checkbox"/> Serology Panel (Bh, Bvb, Bk)
		<input type="checkbox"/> ePCR™ <input type="checkbox"/> PCR <input type="checkbox"/> Serology Panel (Bh, Bvb, Bk)
		<input type="checkbox"/> ePCR™ <input type="checkbox"/> PCR <input type="checkbox"/> Serology Panel (Bh, Bvb, Bk)

Payment Information

Method: Check Visa Mastercard Amex Invoice

Card Number:
Exp: CVV Code: Billing Zip Code:
Name on Card:
Signature:

New Account?

Please provide contact name, phone, and email.
