



Office Use Only:	Lab Use Only:
Date Received ___/___/___	Courier Tracking # _____
Account # _____	Logged by _____
Invoice # _____	Order # _____

Test Request Form

Form HH100; Revised 9-26--2018

Highlighted fields are **REQUIRED** to be completed prior to testing.

Physician Information		Patient Information	
Clinic Name		Last Name	First Name MI
Mailing Address		Mailing Address	
City	State Zip Code	City	State Zip Code
Phone	Fax	Phone	Email for payment receipt
Referring Physician Name AND NPI#		DOB (mm/dd/yyyy)	<input type="radio"/> Male <input type="radio"/> Female
Email		PLEASE SEE BILLING INFORMATION FOR PAYMENT INSTRUCTIONS.	

Test and Sample Information	
SAMPLE TYPE	COLLECTION DATE (MM-DD-YY)

Tests Requested (Check tests and include ICD-10 Codes)

Bartonellosis	Borreliosis (Lyme Disease)	Tick-Borne Diseases
<input type="checkbox"/> <i>Bartonella</i> ePCR™ Triple Blood Draw + IFA Serology Panel IgG (<i>B. henselae</i> and <i>B. quintana</i>) <input type="checkbox"/> <i>Bartonella</i> ePCR™ Triple Blood Draw <input type="checkbox"/> <i>Bartonella</i> ePCR™ Single Blood Draw <input type="checkbox"/> <i>Bartonella</i> ePCR™ Fresh/Frozen Tissue (Research Use Only – signed consent form <u>required</u>) <input type="checkbox"/> <i>Bartonella</i> ePCR™ Non-blood fluid (Research Use Only – signed consent form <u>required</u>) <input type="checkbox"/> <i>Bartonella</i> spp PCR (paraffin-embedded tissue only) <input type="checkbox"/> <i>Bartonella</i> IFA Serology Panel IgG (<i>B. henselae</i> and <i>B. quintana</i>) <input type="checkbox"/> <i>Bartonella henselae</i> IFA serology IgG <input type="checkbox"/> <i>Bartonella quintana</i> IFA serology IgG	<input type="checkbox"/> <i>Borrelia burgdorferi</i> ELISA IgG/IgM; <u>reflex</u> to Western Blot IgG/IgM* <input type="checkbox"/> <i>Borrelia burgdorferi</i> Western Blot, IgG/IgM <input type="checkbox"/> Report of 31 & 34 kDa bands from Western Blot (Research Use Only – signed consent form <u>required</u>) <input type="checkbox"/> <i>Borrelia burgdorferi</i> ELISA, IgG/IgM	<input type="checkbox"/> <i>Anaplasma</i> spp PCR <input type="checkbox"/> <i>Babesia/Theileria</i> spp PCR <input type="checkbox"/> <i>Ehrlichia</i> spp PCR <input type="checkbox"/> <i>Rickettsia</i> spp PCR <input type="checkbox"/> Tick-borne Disease PCR Panel (<i>Anaplasma</i> spp, <i>Babesia/Theileria</i> spp, <i>Ehrlichia</i> spp, <i>Rickettsia</i> spp)
	<p>*REFLEX TESTING: LYME ELISA & WB PANEL IgG OR IgM ELISA REACTIVE SAMPLES WILL AUTOMATICALLY REFLEX TO LYME WB TESTING. ADDITIONAL CREDIT CARD CHARGE(S) AS APPROPRIATE FOR TESTS PERFORMED</p>	<p>ICD 10 CODES:</p> <p>_____</p> <p>_____</p>