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TEST REQUISITION FORM (NOVEMBER 2012)
 LYME AND TICK-BORNE DISEASES

PATIENT INFORMATION (Please Print)				REFERRING PHYSICIAN (Only authorized person may order testing)		
Last Name		Initial		Physician/Lab		Title
First Name				Address		
Address				City	State	Zip
City	State	Zip	Phone		Fax	
Telephone (9am-5pm)		E-mail		UPIN:		NPI:
Female ____ Male ____		Date of Birth: MM/DD/YYYY ____/____/____		Physician's Signature: REQUIRED		
VENIPUNCTURE: Charge for Drawing Fee ____ Yes ____ No Drawn by: _____ Date: ____/____/____				ICD9 CODES: Required Please provide all diagnosis codes that apply to testing. 1 _____ 2. _____ 3: _____		

Drawing Laboratory: _____ Contact Person: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone: _____ Fax: _____ Send Copy of Test Results: ____ Yes ____ No

BILLING: WE DO NOT BILL INSURANCE COMPANIES, MEDI-CAL, MEDICAID OR WORKERS COMP.

Please Bill: ____ Referring Physician ____ Drawing Laboratory
 ____ Patient Prepayment Check # _____ Credit Card
 Credit Card Number: _____ Exp.: ____/____
 (Visa, MasterCard, Discover, or American Express)
 Please charge my credit card for additional test(s) requested by my Referring Physician: ____ YES ____ NO
 ____ Medicare – Medicare Number: _____
 (attach copy of front and back of primary and secondary insurance cards – Medicare Patients Only)

 I am aware of the testing fees and understand that I am responsible for submitting my own insurance claim. If a Medicare patient, I am aware that I am responsible for payment to IGeneX, Inc. if Medicare denies payment.

REQUIRED: Patient signature required for testing to be performed.

Patient Signature or Responsible Party _____

REQUIRED: COLLECTION DATES	Please Circle Specimen Type	Please Circle Storage Information
Sample #1: Date Collected:	Specimen: Serum, Whole Blood, Urine	Storage: Room Temp Refrigerator Freezer
Sample #2: Date Collected:	Specimen: Serum, Whole Blood, Urine	Storage: Room Temp Refrigerator Freezer
Sample #3: Date Collected:	Specimen: Serum, Whole Blood, Urine	Storage: Room Temp Refrigerator Freezer
Misc Sample Date Collected:	Specimen (other):	Storage: Room Temp Refrigerator Freezer

REQUIRED: DATE OF BIRTH ON TUBE LABEL
PANELS FOR INITIAL TESTING

See Page 2 for 31kDa Epitope Test for Western Blots

- BASIC LYME PANEL**** (Requires SST)
 4090 Western Blot IgG, Western Blot IgM, Lyme IgG/IgM/IgA Screen (IFA)
- COMPLETE LYME PANEL**** (Requires SST and EDTA)
 6050 Western Blot IgG, Western Blot IgM, Lyme IgG/IgM/IgA Screen (IFA), Lyme PCR-Serum, Lyme PCR-W Blood
- INITIAL LYME PANEL** (Requires SST and EDTA)
 5010 Western Blot IgG, Western Blot IgM, Lyme PCR-Serum, Lyme PCR-Whole Blood
- FOLLOW-UP LYME TESTS**
 875 Lyme DOT BLOT and PCR Panel for *B. burgdorferi***
 Includes LDA – 3 samples (Test# 805) and PCR on pooled samples (#465)

**Not yet available for New York Residents – See Panel 5010 for New York Residents
 BS-F-028 REV.002 11-02-12 **OVER FOR MORE PANELS AND A COMPLETE LIST OF TESTS** ▶ Page 1 of 2

CO-INFECTION PANELS

COMPLETE CO-INFECTION PANELS (Requires SST and EDTA)

- 5080 WESTERN REGIONAL COMPLETE CO-INFECTION PANEL**
Babesia duncani IgG & IgM, Babesia FISH, HME IgG & IgM, HGA IgG & IgM, Bartonella IgG & IgM
- 5085 NEW WESTERN REGIONAL COMPLETE CO-INFECTION PANEL**
Babesia duncani IgG & IgM, Babesia FISH, HME IgG & IgM, HGA IgG & IgM, Bartonella IgG & IgM, Bartonella FISH
- 5090 COMPLETE CO-INFECTION PANEL
Babesia microti IgG & IgM, Babesia FISH, HME IgG & IgM, HGA IgG & IgM, Bartonella IgG & IgM
- 5095 NEW COMPLETE CO-INFECTION PANEL**
Babesia microti IgG & IgM, Babesia FISH, HME IgG & IgM, HGA IgG & IgM, Bartonella IgG & IgM, Bartonella FISH

ADDITIONAL PANELS FOR CO-INFECTIONS

INITIAL REGIONAL CO-INFECTION PANELS (Requires SST and EDTA)

- 5020 EASTERN AND MID-WEST REGIONAL PANEL 5025** (Add Bartonella FISH to Panel# 5020)
Babesia microti IgG & IgM, Babesia FISH, HGA IgG & IgM, Bartonella IgG & IgM
- 5030 SUPPLEMENTAL EASTERN AND MID-WEST PANEL 5035** (Add Bartonella FISH to Panel# 5030)
HME IgG & IgM, HME PCR, HGA PCR
- 5040 WESTERN REGIONAL PANEL** 5045** (Add Bartonella FISH to Panel# 5040)
Babesia duncani IgG & IgM, Babesia FISH, HGA IgG & IgM, Bartonella IgG & IgM
- 5050 SOUTHERN REGIONAL PANEL 5055** (Add Bartonella FISH to Panel# 5050)
Babesia microti IgG & IgM, Babesia FISH, HME IgG & IgM, Bartonella IgG & IgM

BABESIA PANELS (Requires SST and EDTA)

- 670 COMPREHENSIVE BABESIA PANEL (B. microti)
Babesia microti IgG & IgM, Babesia PCR Panel, Babesia FISH
- 690 WEST COAST BABESIA PANEL** (B. duncani)
Babesia duncani IgG & IgM, Babesia PCR Panel, Babesia FISH
- 695 COMPLETE BABESIA PANEL** (B. duncani and B. microti)
Babesia microti IgG & IgM, Babesia duncani IgG & IgM, Babesia PCR Panel, Babesia FISH

COMPLETE RICKETTSIA PANEL (Requires SST and EDTA)

- 995 RICKETTSIA PANEL (Only R. rickettsii PCR will be reported for NY residents**)
Rickettsia rickettsii/typhi IgG Antibody, Rickettsia PCR (Whole blood)

NEWBORN PANEL (Requires SST and EDTA with Cord Blood)

- 477 NEWBORN PANEL
Lyme PCR-Serum (Cord Blood), Lyme PCR-Whole Blood (Cord Blood)

SINGLE TESTS

IMMUNOLOGY

- 275 CD57**
- 295 Chlamydomphila pneumoniae IgG ELISA**
- 296 Chlamydomphila pneumoniae IgA ELISA**

LYME TESTS (Borrelia burgdorferi)

- 230 *Lyme G/M/A IFA Screen**
- 183 *Lyme Serology IgG/IgM
- 195 *Lyme Serology IgM
- 170 C6 Peptide – B. burgdorferi
- * Only performed in conjunction with Western Blots.
- 188 Lyme Western Blot IgM
- 189 Lyme Western Blot IgG

Check if Epitope Test(s) to be performed on Western Blots with 31 kDa + bands.

- 488 31kDa Epitope Test IgM**
- 489 31kDa Epitope Test IgG**

MULTIPLEX PCR (B. burgdorferi)

- 456 Whole Blood
 - 453 Serum
 - 450 Urine
 - 465 Urine (pooled from 3 samples)
 - 459 Cerebral Spinal Fluid
 - 462 Miscellaneous (ex: Breast Milk, Tissue)**
- Sample Type: _____

LYME ANTIGEN TEST (B. burgdorferi)

- 800 Lyme DOT BLOT for antigen**
- 802 Lyme DOT BLOT: 2-Sample**
- 805 Lyme DOT BLOT: 3-Sample**

BABESIOSIS TESTS

- 200 B. microti IgG & IgM Ab
- 663 Babesia PCR Panel (B. microti and/or B duncani)
- 640 Babesia FISH
- 720 B. duncani IgG & IgM Ab**

**Not yet available for NY Residents
August 2012

BARTONELLA TESTS

- 285 B. henselae IgG & IgM Ab
- 280 B. henselae PCR W Blood
- 289 Bartonella FISH**
- EHRlichia CHAFFEENSIS (HME)**
- 203 HME IgG & IgM Ab
- 770 HME PCR – Whole Blood
- A PHAGOCYTOPHILA (HGA)**
- 206 A phagocytophilia IgG & IgM Ab
- 775 A phagocytophilia PCR, W Blood

RICKETTSIA TESTS

- 965 Rickettsia rickettsii/typhi IgG Ab
- 998 Rickettsia PCR, W Blood
(Only R. rickettsii PCR will be reported for NY residents)**

CENTRAL NERVOUS SYSTEM

- 810 Lyme DOT BLOT,CSF**
- 459 Lyme Multiplex PCR,CSF
- 281 B. henselae PCR,CSF
- 986 Rickettsia PCR, CSF
(Only R. rickettsii PCR will be reported for NY residents)**