



795 San Antonio Road  
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**TEST REQUISITION FORM (MARCH 2015)**  
**LYME AND TICK-BORNE DISEASES**  
[www.igenex.com](http://www.igenex.com)

**Processing of tests may be delayed if the following required information is incomplete:**

- Patient Patient Information Section, Patient Prepayment and Patient Signature.
- Medicare Patients Attach a copy of the front and back of your Medicare card. Review Medicare paperwork included in kit.
- Physician Referring Physician Section, ICD9 codes and Physician signature.

**NOW AVAILABLE: RELAPSING FEVER RT PCR – Borrelia miyamotoi See Page 2**

PATIENT INFORMATION				REFERRING PHYSICIAN		
Last Name				Physician/Lab		Title
First Name		Initial		Address		
Address				City	State	Zip
City		State	Zip	Phone		Fax
Telephone (9am-5pm) ( )		E-mail		UPIN		NPI
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth: MM / DD / YYYY		ICD9 Code(s): _____; _____; _____; _____		
Prepayment: IGeneX, Inc. does not bill insurance providers or Medicaid. _____ Medicare (Part B) Medicare #: _____ _____ Check _____ Visa, MasterCard, Discover or American Express Cardholder's Name: _____ Credit Card Number: _____ Expiration Date: _____ 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. I authorize the above credit card to be charged for services.				<b>Physician's Signature:</b> _____ If signature is not available, please attach Physician's Prescription		
Patient or responsible party's signature: Please charge my credit card for additional test(s) requested by my Referring Physician: <input type="checkbox"/> YES <input type="checkbox"/> NO				Bill: <input type="checkbox"/> Referring Physician <input type="checkbox"/> Drawing Laboratory		
				Drawing Laboratory _____		
				Main Contact _____		
				Address _____		
				City, State, Zip _____		
				Phone: _____ Fax: _____		
				Send copy of test results? <input type="checkbox"/> YES <input type="checkbox"/> NO		
				VENIPUNCTURE: Drawn By: _____ Draw Date: _____ Charge for venipuncture fee: <input type="checkbox"/> YES <input type="checkbox"/> NO		

**SPECIMEN INFORMATION: COLLECTION DATE AND DATE OF BIRTH MUST BE ON TUBE LABELS.**

SERUM- SST TUBE: Collection Date: ___/___/___	Storage: <input type="checkbox"/> Room <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
WHOLE BLOOD – EDTA TUBE: Collection Date: ___/___/___	Storage: <input type="checkbox"/> Room <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
URINE #1 Collection: ___/___/___	Urine Storage: <input type="checkbox"/> Room <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
#2 Collection: ___/___/___	Urine Storage: <input type="checkbox"/> Room <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
#3 Collection: ___/___/___	Urine Storage: <input type="checkbox"/> Room <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
MISCELLANEOUS: Collection Date: ___/___/___ Type: _____ Preservative: _____	Storage: <input type="checkbox"/> Room <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer

**LYME PANELS FOR INITIAL TESTING**

- 4090 BASIC LYME PANEL\*\*** (Requires SST)  
Western Blot IgG, Western Blot IgM, Lyme IgG/IgM/IgA Screen (IFA)
- 6050 COMPLETE LYME PANEL\*\*** (Requires SST and EDTA)  
Western Blot IgG, Western Blot IgM, Lyme IgG/IgM/IgA Screen (IFA), Lyme PCR – Serum, Lyme PCR – Whole Blood
- 5010 INITIAL LYME PANEL** (Requires SST and EDTA)  
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 (Test 465)

**LYME NEWBORN PANEL (Requires SST and EDTA with Cord Blood)**

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

\*\* Not yet available for New York Residents – See Panel 5010 for New York Residents

**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 (Requires SST and EDTA)**

- 5020 EASTERN AND MID-WEST REGIONAL PANEL  Add Test# 289 Bartonella FISH\*\* to panel  
Babesia microti IgG & IgM, Babesia FISH, HGA IgG & IgM, Bartonella IgG & IgM
- 5030 SUPPLEMENTAL EASTERN AND MID-WEST PANEL  Add Test# 289 Bartonella FISH\*\* to panel  
HME IgG & IgM, HME PCR, HGA PCR
- 5040 WESTERN REGIONAL PANEL\*\*  Add Test# 289 Bartonella FISH\*\* to panel  
Babesia duncani IgG & IgM, Babesia FISH, HGA IgG & IgM, Bartonella IgG & IgM
- 5050 SOUTHERN REGIONAL PANEL  Add Test# 289 Bartonella FISH\*\* to panel  
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)

**SINGLE TESTS**

**IMMUNOLOGY**

- 275 CD57\*\* EDTA required at Room Temp within 48 hours of collection
- 295 Chlamydomphila pneumoniae IgG ELISA\*\*
- 296 Chlamydomphila pneumoniae IgA ELISA\*\*

**LYME TESTS (*Borrelia burgdorferi*)**

- 188 Lyme Western Blot IgM
- 189 Lyme Western Blot IgG

**Check if Epitope Test(s) to be performed on INDETERMINATE Western Blots**

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

- 230 Lyme G/M/A IFA Screen\*\*
- 183 Lyme Serology IgG/IgM
- 195 Lyme Serology IgM
- 170 C6 Peptide - *B. burgdorferi*

**LYME ANTIGEN TEST (*Borrelia burgdorferi*)**

- 800 Lyme Dot Blot for antigen\*\*
- 802 Lyme Dot Blot – 2 Samples\*\*
- 805 Lyme Dot Blot – 3 Samples\*\*

\*\* Not yet available for New York Residents

**MULTIPLEX PCR (*B. burgdorferi*)**

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

**RELAPSING FEVER RT PCR (*Borrelia miyamotoi*)**

- 573 Serum\*\*
- 556 Whole Blood\*\*
- 559 Urine\*\*
- 562 Urine (pooled from 3 samples)\*\*
- 565 CSF\*\*
- 568 Miscellaneous\*\* (Ex: Tissue, Fluids)  
Sample Type: \_\_\_\_\_

**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\*\*

**BARTONELLA TESTS**

- 285 *B. henselae* IgG & IgM Ab
- 280 *B. henselae* PCR
- 289 Bartonella FISH\*\*

**EHRlichia CHAFFEENSIS (HME)**

- 203 HME IgG & IgM Ab
- 770 HME PCR

**A. PHAGOCYTOPHILUM (HGA)**

- 206 *A. phagocytophilum* IgG & IgM Ab
- 775 *A. phagocytophilum* PCR

**RICKETTSIA TESTS**

- 965 Rickettsia rickettsii/typhi IgG Ab
- 998 Rickettsia PCR  
(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)\*\*