



# TEST REQUISITION FORM (International Use Only)

Office  
Use Only

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

- ) PATIENT – Patient Information Section, Patient Prepayment and Patient/Responsible party's signature.
- ) PHYSICIAN – Referring Physician Section and Physician's signature.

PATIENT INFORMATION				
Last Name		First Name		Middle Initial
Street Address			City/Town	
Province/State	Postal Code		Country	
Telephone	Email		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth

BILLING INFORMATION		
<input type="checkbox"/> Visa, MasterCard, Discover or American Express		
Credit Card Number	Expiration Date	Cardholder's Name
I accept financial responsibility and am aware of the testing fees by signing this document. I authorize the above credit card to be charged for services.		
Please SIGN Here	Please Sign Here	
<b>Patient or Responsible Party's Signature (REQUIRED)</b>		
Please charge my credit card for additional test(s) requested by my Referring Physician: <input type="checkbox"/> YES <input type="checkbox"/> NO		

REFERRING PHYSICIAN INFORMATION			
Physician/Laboratory		Title	Please Bill: <input type="checkbox"/> Referring Physician <input type="checkbox"/> Drawing Laboratory
Street Address		City/Town	
Province/State	Postal Code		Country
Telephone	Fax Number	Email	
Only tests that are medically reasonable and necessary for the diagnosis or treatment of a Medicare patient will be reimbursed. The Office of "The Inspector General" takes the position that a physician who orders medically unnecessary tests for which Medicare reimbursement is claimed may be subject to civil penalties under the False Claims Act.			
Please SIGN Here	Physician's Signature Here		
<b>Physician's Signature (REQUIRED)</b>			
If signature is not available, please attach Physician's Prescription			

DRAWING LABORATORY			
Laboratory		Venipuncture – Drawn By: _____	Draw Date: _____
Street Address		Telephone	Fax Number
City/Town	Province/State	Send copy of test results? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Country	Email	Charge for venipuncture Fee? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SPECIMEN INFORMATION: Patient's Last Name, First Name, Collection Date and Date of Birth must be on tube labels.		
<input type="checkbox"/> SERUM (SST)	Collection Date: ____/____/____	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
<input type="checkbox"/> WHOLE BLOOD (EDTA) #1	Collection Date: ____/____/____	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
<input type="checkbox"/> WHOLE BLOOD (EDTA) #2	Collection Date: ____/____/____	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
<input type="checkbox"/> WHOLE BLOOD (HEPARIN)	Collection Date: ____/____/____	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
<input type="checkbox"/> URINE Sample #1	Collection Date: ____/____/____	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
<input type="checkbox"/> URINE Sample #2	Collection Date: ____/____/____	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
<input type="checkbox"/> URINE Sample #3	Collection Date: ____/____/____	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
<input type="checkbox"/> MISCELLANEOUS Collection Date: _____	Type: _____ Preservative: _____	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer

Please MARK Panel/Test(s) on page 2

**Lyme Tests (Borrelia burgdorferi)**

<b>LPA</b>	<b>Lyme Panel A</b>	1SST, 1EDTA	\$546.00
Western Blot IgM, Western Blot IgG, PCR serum, PCR w blood			
<b>IB1</b>	<b>Lyme ImmunoBlot Panel 1</b>	1SST	\$490.50
Lyme IgG/IgM/IgA Screen, ImmunoBlot IgM & IgG For NY residents, Screen will be replaced with Lyme Serology IgG/IgM #183			
<b>IB2</b>	<b>Lyme ImmunoBlot Panel 2</b>	1SST, 1EDTA	\$686.00
ImmunoBlot IgM & IgG, PCR: serum, w blood			
<b>IB3</b>	<b>Lyme ImmunoBlot Panel 3</b>	1SST, 1EDTA	\$752.50
Lyme IgG/IgM/IgA Screen, ImmunoBlot IgM & IgG, PCR: serum, w blood For NY residents, Screen will be replaced with Lyme Serology IgG/IgM #183			
<b>LPCR1</b>	<b>Lyme PCR Panel 1</b>	1SST, 1EDTA	\$371.00
Lyme PCR: serum, w blood			
<b>*LU1</b>	<b>Lyme Urine Panel 1</b>	Urine (3)	\$468.00
Lyme Dot Blot Assay (3 sample), PCR (pooled)			

**Tick Borne Relapsing Fever - Borrelia (TBRF)**

<b>*TBRF1</b>	<b>TBRF Panel 1</b>	1SST, 1EDTA	\$686.00
TBRF IB IgM, TBRF IB IgG, TBRF PCR: serum & w blood			
<b>*TBRF2</b>	<b>TBRF Panel 2</b>	1SST, 1EDTA	\$371.00
TBRF PCR serum, TBRF PCR w blood			

**Borreliosis Panels – combines Lyme and TBRF testing**

<b>*LTP1</b>	<b>Lyme/TBRF Panel 1</b>	1SST, 1EDTA	\$895.50
Lyme IgG/IgM/IgA Screen, Lyme IB IgM & IgG, TBRF IB IgM & IgG			
<b>*LTP2</b>	<b>Lyme/TBRF Panel 2</b>	1SST, 1EDTA	\$991.25
LYME: IgG/IgM/IgA Screen, IB IgM & IgG, PCR: serum, w blood TBRF: IB IgM & IgG			
<b>*LTP3</b>	<b>Lyme/TBRF Panel 3</b>	1SST, 1EDTA	\$1335.75
LYME: IgG/IgM/IgA Screen, IB IgM & IgG, PCR: serum, w blood, TBRF: IB IgM & IgG, PCR: serum, w blood			

**Co-Infection Panels–combines Babesia, Ehrlichia, Bartonella, Rickettsia**

<b>*TBD1</b>	<b>Tick Borne Disease Panel 1</b>	1SST, 1EDTA	\$1346.25
Lyme IgG/IgM/IgA Screen, Lyme IB IgM & IgG, TBRF IB IgM & IgG IgG & IgM IFA: B. microti, B. duncani, HME, HGA, B. henselae			
<b>New</b>	<b>*TBD1R Tick Borne Disease Panel 1 w Rickettsia IFA</b>	1SST, 1EDTA	\$1466.25
Tests include TBD1 Panel with Rickettsia rickettsii/typhi IgG			
<b>*TBD2</b>	<b>Tick Borne Disease Panel 2</b>	1SST, 1EDTA	\$1739.50
Lyme IgG/IgM/IgA Screen, Lyme IB IgM & IgG, TBRF IB IgM & IgG PCR: Lyme serum, Lyme w blood IgG & IgM IFA: B. microti, B. duncani, HME, HGA, B. henselae, and Rickettsia rickettsii/typhi IgG			
<b>*TBD3</b>	<b>Tick Borne Disease Panel 3</b>	1SST, 1EDTA	\$2418.50
Lyme IgG/IgM/IgA Screen, Lyme IB IgM & IgG, TBRF IB IgM & IgG PCR: Lyme serum, Lyme w blood, TBRF serum, TBRF w blood IgG & IgM IFA: B. microti, B. duncani, HME, HGA, B. henselae, and Rickettsia rickettsii/typhi IgG FISH: Babesia and Bartonella			
<b>*CP1</b>	<b>Co-infection Panel 1</b>	1SST, 1EDTA	\$816.00
IgG & IgM IFA: B. microti, B. duncani, HME, HGA, B. henselae, Rickettsia rickettsii/typhi IgG			
<b>CP5</b>	<b>Co-infection Panel 5</b>	1SST, 1EDTA	\$816.00
IgG & IgM IFA: B. microti, HME, HGA, B. henselae, Rickettsia rickettsii/typhi IgG, and Babesia FISH			
<b>*CP6</b>	<b>Co-infection Panel 6</b>	1SST, 1EDTA	\$1120.00
IgG & IgM IFA: B. microti, B. duncani, HME, HGA, B. henselae, Rickettsia rickettsii/typhi IgG and Babesia FISH, Bartonella FISH			
<b>Babesiosis</b>			
<b>BAB1</b>	<b>Babesia Panel 1</b>	1SST, 1EDTA	\$518.50
IgG & IgM IFA: B. microti, Babesia PCR, and Babesia FISH			
<b>*BAB2</b>	<b>Babesia Panel 2</b>	1SST, 1EDTA	\$654.50
IgG & IgM IFA: B. microti, B. duncani, Babesia PCR and FISH			
<b>Bartonellosis</b>			
<b>*BART1</b>	<b>Bartonella Panel 1</b>	1SST, 1EDTA	\$518.50
IgG & IgM IFA: B. henselae, Bartonella PCR, and Bartonella FISH			
<b>*BART2</b>	<b>Bartonella Panel 2</b>	1SST, 1 Heparin	\$558.75
Bartonella: IGXSpot, Western Blot IgM & IgG			
<b>*BART3</b>	<b>Bartonella Panel 3</b>	1SST, 1EDTA, 1 Heparin	\$896.25
Bartonella: IGXSpot, Western Blot IgM & IgG, PCR, FISH			
<b>Ehrlichiosis</b>			
<b>EP1</b>	<b>Ehrlichia Panel 1</b>	1SST, 1EDTA	\$663.00
IgG & IgM IFA: E. chaffeensis (HME), A. phagocytophilum (HGA) PCR: E. chaffeensis, A. phagocytophilum			
<b>Rickettsiosis</b>			
<b>RP1</b>	<b>Rickettsia Panel 1</b>	1SST, EDTA	\$331.50
IgG IFA for: Rickettsia rickettsii/typhi and Rickettsia PCR Only R. rickettsii will be reported for NY resident in Rickettsia PCR			

**Order IgM & IgG Bartonella Western Blots with a Panel and receive a 15% discount.**

<b>New</b>	<b>*351 - Bartonella Western Blot IgM</b>	86611 x2, 87300	\$382.50
	<b>*352 - Bartonella Western Blot IgG</b>	86611 x2, 87300	

**\*\* IGXSpot PANEL \*\***

<b>*IGXSP</b>	<b>IGXSpot Panel</b>	Heparin	\$442.50
Lyme IGXSpot, Bartonella IGXSpot <b>Must be received within 48 hours of collection</b>			

**Central Nervous System**

<b>*CSF1</b>	<b>CSF Panel 1</b>	CSF	\$500.00
CSF: Lyme Dot Blot Assay, Lyme PCR, TBRF PCR			

**SINGLE TESTS**

Code	Test Name	CPT Code	Tube	Price	
<input type="checkbox"/>	<b>*275</b>	CD57	86356	EDTA	155.00
<b>EDTA: must be received within 48 hours of collection.</b>					
<input type="checkbox"/>	<b>*295</b>	C. pneumoniae IgG	86631	SST	85.00
<input type="checkbox"/>	<b>*296</b>	C. pneumoniae IgA	86631	SST	85.00
<b>Lyme Disease</b>					
<input type="checkbox"/>	<b>*300</b>	Lyme IGXSpot	86352	Heparin	295.00
<b>Heparin tube: must be received within 48 hours of collection.</b>					
<input type="checkbox"/>	<b>325</b>	Lyme ImmunoBlot IgM	0041U, 86617, 86609 x4	SST	225.00
<input type="checkbox"/>	<b>335</b>	Lyme ImmunoBlot IgG	0042U, 86617, 86609 x4	SST	225.00
<input type="checkbox"/>	<b>*230</b>	Lyme IgG/IgM/IgA Screen	86618	SST	95.00
<input type="checkbox"/>	<b>183</b>	Lyme Serology IgG/IgM	86618	SST	95.00
<input type="checkbox"/>	<b>195</b>	Lyme Serology IgM	86618	SST	95.00
<input type="checkbox"/>	<b>170</b>	C6 Peptide	86618	SST	120.00
<input type="checkbox"/>	<b>188</b>	Lyme Western Blot IgM	86617	SST	125.00
<input type="checkbox"/>	<b>189</b>	Lyme Western Blot IgG	86617	SST	125.00
<input type="checkbox"/>	<b>*488</b>	31kDa Epitope IgM	86617	Qualified sample previously tested by Western Blot	125.00
<input type="checkbox"/>	<b>*489</b>	31kDa Epitope IgG	86617	Urine/BD Gray Top	125.00
<input type="checkbox"/>	<b>*800</b>	Lyme Dot Blot (1 sample)	87449	Urine/BD Gray Top	85.00
<input type="checkbox"/>	<b>*802</b>	Lyme Dot Blot (2 samples)	87449x2	Urine/BD Gray Top	170.00
<input type="checkbox"/>	<b>*805</b>	Lyme Dot Blot (3 samples)	87449x3	Urine/BD Gray Top	255.00
<b>Lyme Multiplex PCR</b>					
<input type="checkbox"/>	<b>450</b>	PCR – urine	87800,87801	Urine/BD Gray Top	265.00
<input type="checkbox"/>	<b>453</b>	PCR – serum	87800,87801	SST	265.00
<input type="checkbox"/>	<b>456</b>	PCR – whole blood	87800,87801	EDTA	265.00
<input type="checkbox"/>	<b>465</b>	PCR – urine (pooled)	87800,87801	Urine/BD Gray Top	265.00
<input type="checkbox"/>	<b>*462</b>	PCR – miscellaneous	87800,87801	Tissue, breast milk	295.00
<b>Tick Borne Relapsing Fever</b>					
<input type="checkbox"/>	<b>*585</b>	TBRF Western Blot IgM	86619	SST	175.00
<input type="checkbox"/>	<b>*595</b>	TBRF Western Blot IgG	86619	SST	175.00
<input type="checkbox"/>	<b>*345</b>	TBRF ImmunoBlot IgM	0043U, 86619, 86609 x3	SST	225.00
<input type="checkbox"/>	<b>*355</b>	TBRF ImmunoBlot IgG	0044U, 86619, 86609 x3	SST	225.00
<b>PCR – TBRF and B. burgdorferi sensu lato real-time PCR</b>					
<input type="checkbox"/>	<b>*556</b>	TBRF PCR – w blood	87476, 87798 x2	EDTA	265.00
<input type="checkbox"/>	<b>*573</b>	TBRF PCR – serum	87476, 87798 x2	SST	265.00
<input type="checkbox"/>	<b>*559</b>	TBRF PCR – urine	87476, 87798 x2	Urine/BD Gray Top	265.00
<input type="checkbox"/>	<b>*562</b>	TBRF PCR – pooled urine	87476, 87798 x2	Urine/BD Gray Top	265.00
<input type="checkbox"/>	<b>*568</b>	TBRF PCR – misc	87476, 87798 x2	Tissue, breast milk	295.00
<b>Babesiosis</b>					
<input type="checkbox"/>	<b>200</b>	B. microti IgG & IgM IFA	86317 x 2	SST	160.00
<input type="checkbox"/>	<b>*720</b>	B. duncani IgG & IgM IFA	86317 x 2	SST	160.00
<input type="checkbox"/>	<b>640</b>	Babesia FISH	88365	EDTA	220.00
<input type="checkbox"/>	<b>663</b>	Babesia PCR	87797,87798 x 2	EDTA	230.00
<b>Bartonellosis</b>					
<input type="checkbox"/>	<b>*350</b>	Bartonella IGXSpot	86352	Heparin	295.00
<b>Heparin tube: must be received within 48 hours of collection.</b>					
<input type="checkbox"/>	<b>*351</b>	Bartonella WB IgM	86611 x2, 87300	SST	225.00
<input type="checkbox"/>	<b>*352</b>	Bartonella WB IgG	86611 x2, 87300	SST	225.00
<input type="checkbox"/>	<b>285</b>	B. henselae IgG & IgM IFA	86611 x 2	SST	160.00
<input type="checkbox"/>	<b>*289</b>	Bartonella FISH	88365	EDTA	220.00
<input type="checkbox"/>	<b>280</b>	B. henselae PCR	87471	EDTA	230.00
<b>Ehrlichiosis</b>					
<input type="checkbox"/>	<b>203</b>	HME IgG & IgM IFA	86666 x 2	SST	160.00
<input type="checkbox"/>	<b>770</b>	HME PCR	87797,87798	EDTA	230.00
<input type="checkbox"/>	<b>206</b>	HGA IgG & IgM IFA	86666 x 2	SST	160.00
<input type="checkbox"/>	<b>775</b>	HGA PCR	87797,87798	EDTA	230.00
<b>Rickettsiosis</b>					
<input type="checkbox"/>	<b>965</b>	R. rickettsii/typhi IgG IFA	86757 x 2	SST	160.00
<input type="checkbox"/>	<b>998</b>	Rickettsia PCR	87797, 87798 x2	EDTA	230.00
<b>Only R. rickettsii will be reported for NY resident in Rickettsia PCR Panel</b>					
<b>Central Nervous System</b>					
<input type="checkbox"/>	<b>*810</b>	Lyme Dot Blot - CSF	87449	CSF	95.00
<input type="checkbox"/>	<b>459</b>	Lyme PCR – CSF	87800,87801	CSF	265.00
<input type="checkbox"/>	<b>*565</b>	TBRF PCR – CSF	87476,87798 x2	CSF	265.00
<input type="checkbox"/>	<b>281</b>	B. henselae PCR – CSF	87471	CSF	265.00
<input type="checkbox"/>	<b>986</b>	Rickettsia PCR Panel– CSF	87797, 87798x2	CSF	230.00
<b>Only R. rickettsii will be reported for NY resident in Rickettsia PCR Panel</b>					