



TEST REQUISITION FORM (International Use Only)

Lab
Use Only

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CLIA Number: 05D0643914 • NPI: 1396837605 • CA License: CLF4033 • Federal Tax ID: 94-3147701

Processing of test(s) 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
Mailing Address			City/Town	
Province/State	Postal Code		Country	
Telephone	Email	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (MM-DD-YYYY)	
BILLING INFORMATION (REQUIRED)				
<input type="checkbox"/> Visa, MasterCard, Discover or American Express only				
Credit Card Number		Expiration Date (MM-YYYY)	Cardholder's Name	
By signing this document, I accept financial responsibility and am aware of the testing fees. I authorize the above credit card to be charged for services.				
SIGN HERE: Required to process test(s)		PATIENT or RESPONSIBLE PARTY'S SIGNATURE (REQUIRED)		
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	Client Agreement on file (required) – Please Bill: <input type="checkbox"/> Referring Physician <input type="checkbox"/> Drawing Laboratory	
Primary Practice 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 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.				
SIGN HERE: Required to process test(s)		REFERRING PHYSICIAN'S SIGNATURE (REQUIRED)		
If signature is not available, please attach Physician's Prescription			Please mark Panel/Test(s) on page 2 and 3 ▶	
DRAWING LABORATORY				
Laboratory		Telephone	Fax Number	
Street Address		Venipuncture – Performed By:	Draw Date: (MM-DD-YYYY)	
City/Town	Province/State	Send copy of test results? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Country	Email	Charged 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		

PANEL(S)

Test Panels are tailored to meet the needs of referring healthcare practitioner. Panel discounts apply only toward tests ordered at the same time. Prepay Panel Price as marked in US Dollars.

Patient Information	
Name (Last, First, Middle)	Date of Birth (MM-DD-YYYY)

LYME PANELS (<i>Borrelia burgdorferi</i>)			
<input type="checkbox"/>	LPA Lyme Panel A	1SST, 1EDTA	\$546.00
	Lyme WB IgM & IgG, Lyme PCR: serum & whole blood		
<input type="checkbox"/>	IB1 Lyme ImmunoBlot Panel 1	1SST	\$490.50
	Lyme IgG/IgM/IgA Screen, Lyme IB IgM & IgG <i>For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM</i>		
<input type="checkbox"/>	IB2 Lyme ImmunoBlot Panel 2	1SST, 1EDTA	\$686.00
	Lyme IB IgM & IgG, Lyme PCR: serum & whole blood		
<input type="checkbox"/>	IB3 Lyme ImmunoBlot Panel 3	1SST, 1EDTA	\$752.50
	Panel includes: IB2 Panel + #230 Lyme IgG/IgM/IgA Screen <i>For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM</i>		
<input type="checkbox"/>	*IB4 Lyme ImmunoBlot Panel 4	1SST, 1EDTA, Heparin	\$892.50
	Panel includes: IB2 Panel + #300 IgXSpot <i>Heparin Tube: Must be received within 48 hours of collection at room temperature</i>		
<input type="checkbox"/>	LPCR1 Lyme Multiplex PCR Panel 1	1SST, 1EDTA	\$371.00
	Lyme Multiplex PCR: serum & whole blood		
<input type="checkbox"/>	*LU1 Lyme Urine Panel 1	Urine (3)	\$468.00
	#805 Lyme Dot Blot Assay (3-samples), #465 PCR (pooled samples)		
TICK BORNE RELAPSING FEVER (TBRF) PANELS (<i>Borrelia</i>)			
<input type="checkbox"/>	TBRF1 TBRF Panel 1	1SST, 1EDTA	\$686.00
	TBRF IB IgM & IgG, TBRF PCR: serum & whole blood		
<input type="checkbox"/>	TBRF2 TBRF Panel 2	1SST, 1EDTA	\$371.00
	TBRF PCR: serum & whole blood		
BORRELIOSIS PANELS (combinations of Lyme & TBRF testing)			
<input type="checkbox"/>	LTP1 Lyme/TBRF Panel 1	1SST	\$895.50
	Lyme: IgG/IgM/IgA Screen, IB IgM & IgG TBRF: IB IgM & IgG <i>For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM</i>		
<input type="checkbox"/>	LTP2 Lyme/TBRF Panel 2	1SST, 1EDTA	\$991.25
	Lyme: IgG/IgM/IgA Screen, IB IgM & IgG, PCR serum & whole blood TBRF: IB IgM & IgG <i>For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM</i>		
<input type="checkbox"/>	LTP3 Lyme/TBRF Panel 3	1SST, 1EDTA	\$1,335.75
	Lyme: IgG/IgM/IgA Screen, IB IgM & IgG, PCR serum & whole blood TBRF: IB IgM & IgG, PCR serum & whole blood <i>For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM</i>		
TICK BORNE DISEASE PANELS (combines: Lyme, TBRF, Babesia, HME, HGA, Bartonella & Rickettsia)			
<input type="checkbox"/>	*TBD1 Tick Borne Disease Panel 1	1SST, 1EDTA	\$1,346.25
	Lyme: IgG/IgM/IgA Screen, IB IgM & IgG TBRF: IB IgM & IgG IFA IgM & IgG: <i>B. microti, B. duncani, HME, HGA, B. henselae</i>		
<input type="checkbox"/>	*TBD2 Tick Borne Disease Panel 2	1SST, 1EDTA	\$1,739.50
	Lyme: IgG/IgM/IgA Screen, IB IgM & IgG, PCR serum & whole blood TBRF: IB IgM & IgG IFA IgM & IgG: <i>B. microti, B. duncani, HME, HGA, B. henselae, R. rickettsii/typhi IgG</i>		
<input type="checkbox"/>	*TBD3 Tick Borne Disease Panel 3	1SST, 1EDTA	\$2,418.50
	Panel includes: LTP3 + *CP6 Panel		
<input type="checkbox"/>	*TBD4 Tick Borne Disease Panel 4	1SST, 1EDTA	\$1,571.50
	Lyme: IgG/IgM/IgA Screen, IB IgM & IgG TBRF: IB IgM & IgG IFA (IgM & IgG): <i>B. microti, B. duncani, HME, HGA, R. rickettsii/typhi IgG</i> Bartonella Western Blot IgM & IgG		
<input type="checkbox"/>	*TBD5 Tick Borne Disease Panel 5	1SST, 1EDTA	\$1,942.50
	Lyme: IgG/IgM/IgA Screen, IB IgM & IgG, PCR serum & whole blood TBRF: IB IgM & IgG IFA (IgM & IgG): <i>B. microti, B. duncani, HME, HGA, R. rickettsii/typhi IgG</i> Bartonella Western Blot IgM & IgG		
<input type="checkbox"/>	*TBD6 Tick Borne Disease Panel 6	1SST, 1EDTA	\$2,621.50
	Lyme: IgG/IgM/IgA Screen, IB IgM & IgG, PCR serum & whole blood TBRF: IB IgM & IgG, PCR serum & whole blood IFA (IgM & IgG): <i>B. microti, B. duncani, HME, HGA, R. rickettsii/typhi IgG</i> FISH: <i>Babesia & Bartonella</i> Bartonella Western Blot IgM & IgG		

<input type="checkbox"/>	*TBD7 Tick Borne Disease Panel 7	URINE	\$495.00
	<i>Real-time PCR with urine:</i> Lyme, TBRF, Babesia, Bartonella, HME, HGA, Rickettsia		
CO-INFECTION PANELS (combines: Babesia, HME, HGA, Bartonella, Rickettsia)			
<input type="checkbox"/>	*CP1 Co-Infection Panel 1	1SST, 1EDTA	\$816.00
	IFA (IgM & IgG): <i>B. microti, B. duncani, HME, HGA, B. henselae, R. rickettsii/typhi IgG</i>		
<input type="checkbox"/>	CP5 Co-Infection Panel 5	1SST, 1EDTA	\$816.00
	IFA (IgM & IgG): <i>B. microti, HME, HGA, B. henselae, R. rickettsii/typhi IgG</i> FISH: <i>Babesia</i>		
<input type="checkbox"/>	*CP6 Co-Infection Panel 6	1SST, 1EDTA	\$1,120.00
	IFA (IgM & IgG): <i>B. microti, B. duncani, HME, HGA, B. henselae, R. rickettsii/typhi IgG</i> FISH: <i>Babesia & Bartonella</i>		
<input type="checkbox"/>	*CP7 Co-Infection Panel 7	1SST, 1EDTA	\$1,000.00
	IFA (IgM & IgG): <i>B. microti, B. duncani, HME, HGA, R. rickettsii/typhi IgG</i> Bartonella Western Blot IgM & IgG		
<input type="checkbox"/>	*CP8 Co-Infection Panel 8	1SST, 1EDTA	\$1,352.00
	Panel includes: CP7 Panel + #640 Babesia FISH + #289 Bartonella FISH		
<input type="checkbox"/>	*CP9 Co-Infection Panel 9	1SST, 1EDTA	\$2,272.00
	IFA (IgM & IgG): <i>B. microti, B. duncani, HME, HGA, R. rickettsii/typhi IgG</i> PCR-Whole Blood: <i>Babesia, Bartonella, HME, HGA, Rickettsia</i> FISH: <i>Babesia & Bartonella</i> Bartonella Western Blot IgM & IgG		
<input type="checkbox"/>	CP10 Co-Infection Panel 10	1SST, 1EDTA	\$1,736.00
	IFA (IgM & IgG): <i>B. microti, HME, HGA, B. henselae R. rickettsii/typhi IgG</i> PCR-Whole Blood: <i>Babesia, Bartonella, HME, HGA, Rickettsia</i> <i>Only R. rickettsii will be reported for NY resident in Rickettsia PCR</i> FISH: <i>Babesia</i>		
BABESIOSIS PANELS			
<input type="checkbox"/>	BAB1 Babesia Panel 1	1SST, 1EDTA	\$518.50
	<i>B. microti</i> IgM & IgG IFA, Babesia PCR, Babesia FISH		
<input type="checkbox"/>	*BAB2 Babesia Panel 2	1SST, 1EDTA	\$654.50
	Panel includes: BAB1 Panel + #720 <i>B. duncani</i> IgM & IgG IFA		
BARTONELLOSIS PANELS			
<input type="checkbox"/>	*BART1 Bartonella Panel 1	1SST, 1EDTA	\$518.50
	<i>B. henselae</i> IgM & IgG IFA, Bartonella PCR, Bartonella FISH		
<input type="checkbox"/>	*BART2 Bartonella Panel 2	1SST, 1EDTA, Heparin	\$558.50
	Bartonella IgXSpot, Bartonella Western Blot IgM & IgG		
<input type="checkbox"/>	*BART3 Bartonella Panel 3	1SST, 1EDTA, Heparin	\$896.25
	Panel includes: BART2 Panel + Bartonella PCR, Bartonella FISH		
<input type="checkbox"/>	*BART4 Bartonella Panel 4	1SST, 1EDTA	\$675.00
	Bartonella Western Blot IgM & IgG, Bartonella PCR, Bartonella FISH		
EHRlichiosis PANEL			
<input type="checkbox"/>	EP1 Ehrlichiosis Panel 1	1SST, 1EDTA	\$663.00
	IFA (IgM & IgG): <i>E. chaffeensis</i> (HME), <i>A. phagocytophilum</i> (HGA) PCR: <i>E. chaffeensis</i> (HME), <i>A. phagocytophilum</i> (HGA)		
RICKETTSIOSIS PANEL			
<input type="checkbox"/>	RP1 Rickettsiosis Panel 1	1SST, 1EDTA	\$331.50
	#965 <i>Rickettsia rickettsii/typhi</i> IgG + #998 <i>Rickettsia</i> PCR <i>Only R. rickettsii will be reported for NY resident in Rickettsia PCR</i>		
CENTRAL NERVOUS SYSTEM PANEL			
<input type="checkbox"/>	*CSF1 CSF Panel 1	CSF	\$500.00
	#810 Lyme Dot Blot + #459 Lyme PCR + #565 TBRF PCR		
IgXSpot PANEL			
<input type="checkbox"/>	*IGXSP IgXSpot Panel 1	Heparin	\$442.50
	#300 Lyme IgXSpot + #350 Bartonella IgXSpot <i>Heparin Tube: Must be received within 48 hours of collection at room temperature</i>		

NEW

SINGLE TEST(S)

Patient Information

Name (Last, First, Middle)

Date of Birth (MM-DD-YYYY)

TEST CODE	TEST NAME	CPT CODE(S)	TUBE(S) / SPECIMEN REQUIREMENT	PREPAY PRICE (USD)
___ *275	CD57	86356	EDTA	\$155.00
___ *295	C. pneumoniae IgG	86631	SST	\$85.00
___ *296	C. pneumoniae IgA	86631	SST	\$85.00

LYME (Borrelia burgdorferi)

___ *601	Broad Coverage Lyme Ab Assay (NEW)	0042U	SST	\$195.00
___ *300	Lyme IgXSpot	86352	Heparin *Must be received within 48 hours of collection at room temperature	\$295.00
___ 325	Lyme ImmunoBlot IgM	86618	SST	\$225.00
___ *385	Lyme ImmunoBlot IgM Speciation	86617, 86609 x4	SST	\$100.00
	<i>Must be ordered in conjunction with Test 325 – Lyme ImmunoBlot IgM</i>			
___ 335	Lyme ImmunoBlot IgG	86618	SST	\$225.00
___ *395	Lyme ImmunoBlot IgG Speciation	86617, 86609 x4	SST	\$100.00
	<i>Must be ordered in conjunction with Test 335 – Lyme ImmunoBlot IgG</i>			
___ *230	Lyme IgG/IgM/IgA Screen	87300	SST	\$95.00
___ 183	Lyme Serology IgG/IgM	87450	SST	\$95.00
___ 195	Lyme Serology IgM	87450	SST	\$95.00
___ 170	C6 Peptide	87450	SST	\$120.00
___ 188	Lyme Western Blot IgM	86617	SST	\$125.00
___ 189	Lyme Western Blot IgG	86617	SST	\$125.00
___ *488	31 kDa Epitope IgM	86617	Qualified sample previously tested by Lyme Western Blot	\$125.00
___ *489	31 kDa Epitope IgG	86617	Qualified sample previously tested by Lyme Western Blot	\$125.00
___ *800	Lyme Dot Blot (1 sample)	87449	Urine/BD Gray Top	\$85.00
___ *802	Lyme Dot Blot (2 samples)	87449 x2	Urine/BD Gray Top	\$170.00
___ *805	Lyme Dot Blot (3 samples)	87449 x3	Urine/BD Gray Top	\$255.00
___ 450	Lyme Multiplex PCR – Urine	87801 x2	Urine/BD Gray Top	\$265.00
___ 453	Lyme Multiplex PCR – Serum	87801 x2	SST	\$265.00
___ 456	Lyme Multiplex PCR – Whole Blood	87476, 87801	EDTA	\$265.00
___ 465	Lyme Multiplex PCR – Urine (pooled)	87801 x2	Urine/BD Gray Top	\$265.00
___ *462	Lyme Multiplex PCR – Miscellaneous	87801 x2	Tissue, Breast Milk, etc.	\$295.00

TICK BORNE RELAPSING FEVER (TBRF) - Borrelia

___ *602	Broad Coverage TBRF Borrelia Ab Assay (NEW)	0044U	SST	\$195.00
___ *585	TBRF Western Blot IgM	86619	SST	\$175.00
___ *595	TBRF Western Blot IgG	86619	SST	\$175.00
___ 345	TBRF ImmunoBlot IgM	86318	SST	\$225.00
___ 346	TBRF ImmunoBlot IgM speciation	86619, 86609 x3	SST	\$100.00
	<i>Must be ordered in conjunction with Test 345 – TBRF ImmunoBlot IgM</i>			
___ 355	TBRF ImmunoBlot IgG	86318	SST	\$225.00
___ 356	TBRF ImmunoBlot IgG speciation	86619, 86609 x3	SST	\$100.00
	<i>Must be ordered in conjunction with Test 355 – TBRF ImmunoBlot IgG</i>			
	<i>TBRF and B. burgdorferi sensu lato real-time PCR</i>			
___ 556	TBRF PCR – Whole Blood	87798 x3	EDTA	\$265.00
___ 573	TBRF PCR – Serum	87798 x3	SST	\$265.00
___ 559	TBRF PCR – Urine	87798 x3	Urine/BD Gray Top	\$265.00
___ 562	TBRF PCR – Urine (pooled)	87798 x3	Urine/BD Gray Top	\$265.00
___ *568	TBRF PCR – Miscellaneous	87798 x3	Tissue, Breast Milk, etc.	\$295.00

BABESIOSIS

___ 200	B. microti IgM & IgG IFA	86753 x2	SST	\$160.00
___ *720	B. duncani IgM & IgG IFA	86753, 87299	SST	\$160.00
___ 640	Babesia FISH	88365	EDTA	\$220.00
___ 663	Babesia PCR – Whole Blood	87797, 87798 x2	EDTA	\$230.00
___ *665	Babesia PCR – Urine (NEW)	87797, 87798	Urine/BD Gray Top	\$230.00

BARTONELLOSIS

___ *350	Bartonella IgXSpot	86352	Heparin *Must be received within 48 hours of collection at room temperature	\$295.00
___ *351	Bartonella WB IgM (report 4 species)	86611 x2, 86317 x3	SST	\$225.00
___ *352	Bartonella WB IgG (report 4 species)	86611 x2, 86317 x3	SST	\$225.00
___ 285	B. henselae IgM & IgG IFA	87300, 87450	SST	\$160.00
___ *289	Bartonella FISH	88365	EDTA	\$220.00
___ 280	Bartonella PCR	87471	EDTA	\$230.00
___ *282	Bartonella PCR – Urine (NEW)	87471	Urine/BD Gray Top	\$230.00

EHRlichiosis

___ 203	HME (Ehrlichia chaffeensis) IgM & IgG IFA	86666 x2	SST	\$160.00
___ 770	HME (Ehrlichia chaffeensis) PCR – Whole Blood	87797, 87798	EDTA	\$230.00
___ *780	HME (Ehrlichia chaffeensis) PCR – Urine (NEW)	87797	Urine/BD Gray Top	\$230.00
___ 206	HGA (Anaplasma phagocytophilum) IgM & IgG IFA	86666 x2	SST	\$160.00
___ 775	HGA (Anaplasma phagocytophilum) PCR – Whole Blood	87797, 87798	EDTA	\$230.00
___ *785	HGA (Anaplasma phagocytophilum) PCR – Urine (NEW)	87798	Urine/BD Gray Top	\$230.00

RICKETTSIOSIS

___ 965	R. rickettsii & R. typhi IgG IFA	86757 x2	SST	\$160.00
___ 998	Rickettsia PCR Panel – Whole Blood	87797, 87798 x2	EDTA	\$230.00
___ *970	Rickettsia PCR Panel – Urine (NEW)	87797, 87798	Urine/BD Gray Top	\$230.00
	<i>Only R. rickettsii will be reported for NY resident in Rickettsia PCR Panel</i>			

CENTRAL NERVOUS SYSTEM

___ *810	Lyme Dot Blot – CSF	87449	CSF	\$95.00
___ 459	Lyme Multiplex PCR – CSF	87801 x2	CSF	\$265.00
___ *565	TBRF PCR – CSF	87798 x3	CSF	\$265.00
___ 281	B. henselae PCR – CSF	87471	CSF	\$265.00
___ 986	Rickettsia PCR Panel – CSF	87797, 87798 x2	CSF	\$230.00
	<i>Only R. rickettsii will be reported for NY resident in Rickettsia PCR Panel</i>			