

# TEST REQUISITION FORM

Lab  
Use Only

556 Gibraltar Drive | Milpitas | CA 95035 - 6315 | T: (800) 832-3200 | F: (408) 935-8272 | [www.igenex.com](http://www.igenex.com) 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	State
Zip			
Telephone	Email	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (MM-DD-YYYY)
BILLING INFORMATION – Please select one of the following payment methods (REQUIRED)			
Please note: IGeneX, Inc. does not bill Health Insurance Providers, Medi-Cal or Medicaid.			
<input type="checkbox"/> <b>YES, I have Medicare – Medical (Part B) Coverage</b> <b>Medicare Number:</b> _____ <ul style="list-style-type: none"> <li>• Please attach a copy of your Medicare Card</li> <li>• Review Medicare paperwork included in specimen collection kit</li> <li>• Please complete and sign the attached <u>Medicare Patient Insurance Information Form</u></li> </ul>		<input type="checkbox"/> <b>Check Number:</b> _____ <input type="checkbox"/> <b>Credit Card: Visa, MasterCard, Discover or American Express ONLY</b> <i>We DO NOT accept Healthcare Financing CareCredit or Credit Cards.</i> Credit Card Number: _____ Card Holder's Name: _____ Expiration Date: (MM/YYYY) _____ Billing Zip Code: _____	
<input type="checkbox"/> <b>NO, I do not have Medicare – Medical (Part B) Coverage</b>			
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. I understand I am responsible for submitting my own insurance claim. As a Medicare patient, I am also aware that I am responsible for payment to IGeneX, Inc. if Medicare denies payment.			
<b>SIGN HERE:</b> Required to process test(s) _____ <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	Client Agreement on file (required) – Please Bill: <input type="checkbox"/> Referring Physician <input type="checkbox"/> Drawing Laboratory
Primary Practice Address		City	State
Zip			
Telephone	Fax Number	UPIN	NPI (Required)
Email	<b>DX Codes (Required):</b> Please provide all possible diagnosis codes if ordering for more than one disease. _____ ; _____ ; _____ ; _____		
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.			
<b>SIGN HERE:</b> Required to process test(s) _____ <b>REFERRING PHYSICIAN'S SIGNATURE (REQUIRED)</b>			
If signature is not available, please attach Physician's Prescription <span style="float: right;">Please mark Panel/Test(s) on page 2 and 3 ▶</span>			
DRAWING LABORATORY			
Laboratory	Main Contact	Telephone	Fax Number
Street Address		City	State
Zip			
Venipuncture – Performed By:	Draw Date: (MM-DD-YYYY)	Send copy of test results? <input type="checkbox"/> YES <input type="checkbox"/> NO	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) <input type="checkbox"/> WHOLE BLOOD (EDTA) #1 <input type="checkbox"/> WHOLE BLOOD (EDTA) #2 <input type="checkbox"/> WHOLE BLOOD (HEPARIN) <input type="checkbox"/> URINE Sample #1 <input type="checkbox"/> URINE Sample #2 <input type="checkbox"/> URINE Sample #3	Collection Date: _____ / _____ / _____ Collection Date: _____ / _____ / _____ Collection Date: _____ / _____ / _____ Collection Date: _____ / _____ / _____ Collection Date: _____ / _____ / _____ Collection Date: _____ / _____ / _____	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer 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)

## Patient Information

Name (Last, First, Middle)

Date of Birth (MM-DD-YYYY)

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.

### LYME PANELS (Borrelia burgdorferi)

<input type="checkbox"/>	<b>LPA Lyme Panel A</b>	1SST, 1EDTA	<b>\$546.00</b>
	Lyme WB IgM & IgG, Lyme PCR: serum & whole blood		
<input type="checkbox"/>	<b>IB1 Lyme ImmunoBlot Panel 1</b>	1SST	<b>\$490.50</b>
	Lyme IgG/IgM/IgA Screen, Lyme IB IgM & IgG For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM		
<input type="checkbox"/>	<b>IB2 Lyme ImmunoBlot Panel 2</b>	1SST, 1EDTA	<b>\$686.00</b>
	Lyme IB IgM & IgG, Lyme PCR: serum & whole blood		
<input type="checkbox"/>	<b>IB3 Lyme ImmunoBlot Panel 3</b>	1SST, 1EDTA	<b>\$752.50</b>
	Panel includes: IB2 Panel + #230 Lyme IgG/IgM/IgA Screen For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM		
<input type="checkbox"/>	<b>*IB4 Lyme ImmunoBlot Panel 4</b>	1SST, 1EDTA, Heparin	<b>\$892.50</b>
	Panel includes: IB2 Panel + #300 IgXSpot Heparin Tube: Must be received within 48 hours of collection at room temperature		
<input type="checkbox"/>	<b>LPCR1 Lyme Multiplex PCR Panel 1</b>	1SST, 1EDTA	<b>\$371.00</b>
	Lyme Multiplex PCR: serum & whole blood		
<input type="checkbox"/>	<b>*LU1 Lyme Urine Panel 1</b>	Urine (3)	<b>\$468.00</b>
	#805 Lyme Dot Blot Assay (3-samples), #465 PCR (pooled samples)		

### TICK BORNE RELAPSING FEVER (TBRF) PANELS (Borrelia)

<input type="checkbox"/>	<b>TBRF1 TBRF Panel 1</b>	1SST, 1EDTA	<b>\$686.00</b>
	TBRF IB IgM & IgG, TBRF PCR: serum & whole blood		
<input type="checkbox"/>	<b>TBRF2 TBRF Panel 2</b>	1SST, 1EDTA	<b>\$371.00</b>
	TBRF PCR: serum & whole blood		

### BORRELIOSIS PANELS (combinations of Lyme & TBRF testing)

<input type="checkbox"/>	<b>LTP1 Lyme/TBRF Panel 1</b>	1SST	<b>\$895.50</b>
	Lyme: IgG/IgM/IgA Screen, IB IgM & IgG TBRF: IB IgM & IgG For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM		
<input type="checkbox"/>	<b>LTP2 Lyme/TBRF Panel 2</b>	1SST, 1EDTA	<b>\$991.25</b>
	Lyme: IgG/IgM/IgA Screen, IB IgM & IgG, PCR serum & whole blood TBRF: IB IgM & IgG For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM		
<input type="checkbox"/>	<b>LTP3 Lyme/TBRF Panel 3</b>	1SST, 1EDTA	<b>\$1,335.75</b>
	Lyme: IgG/IgM/IgA Screen, IB IgM & IgG, PCR serum & whole blood For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM		

### TICK BORNE DISEASE PANELS (combines: Lyme, TBRF, Babesia, HME, HGA, Bartonella & Rickettsia)

<input type="checkbox"/>	<b>*TBD1 Tick Borne Disease Panel 1</b>	1SST, 1EDTA	<b>\$1,346.25</b>
	Lyme: IgG/IgM/IgA Screen, IB IgM & IgG TBRF: IB IgM & IgG IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, B. henselae		
<input type="checkbox"/>	<b>*TBD2 Tick Borne Disease Panel 2</b>	1SST, 1EDTA	<b>\$1,739.50</b>
	Lyme: IgG/IgM/IgA Screen, IB IgM & IgG, PCR serum & whole blood TBRF: IB IgM & IgG IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, B. henselae, R. rickettsii/typhi		
<input type="checkbox"/>	<b>*TBD3 Tick Borne Disease Panel 3</b>	1SST, 1EDTA	<b>\$2,418.50</b>
	Panel includes: LTP3 + *CP6 Panel		
<input type="checkbox"/>	<b>*TBD4 Tick Borne Disease Panel 4</b>	1SST, 1EDTA	<b>\$1,571.50</b>
	Lyme: IgG/IgM/IgA Screen, IB IgM & IgG TBRF: IB IgM & IgG IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, R. rickettsii/typhi IgG Bartonella Western Blot IgM & IgG		
<input type="checkbox"/>	<b>*TBD5 Tick Borne Disease Panel 5</b>	1SST, 1EDTA	<b>\$1,942.50</b>
	Lyme: IgG/IgM/IgA Screen, IB IgM & IgG, PCR serum & whole blood TBRF: IB IgM & IgG IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, R. rickettsii/typhi IgG Bartonella Western Blot IgM & IgG		
<input type="checkbox"/>	<b>*TBD6 Tick Borne Disease Panel 6</b>	1SST, 1EDTA	<b>\$2,621.50</b>
	Lyme: IgG/IgM/IgA Screen, IB IgM & IgG, PCR serum & whole blood TBRF: IB IgM & IgG, PCR serum & whole blood IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, R. rickettsii/typhi IgG FISH: Babesia & Bartonella Bartonella Western Blot IgM & IgG		

<input type="checkbox"/>	<b>*TBD7 Tick Borne Disease Panel 7</b>	URINE	<b>\$495.00</b>
	Real-time PCR with urine: Lyme, TBRF, Babesia, Bartonella, HME, HGA, Rickettsia		

### CO-INFECTION PANELS (combines: Babesia, HME, HGA, Bartonella, Rickettsia)

<input type="checkbox"/>	<b>*CP1 Co-Infection Panel 1</b>	1SST, 1EDTA	<b>\$816.00</b>
	IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, B. henselae, R. rickettsii/typhi IgG		
<input type="checkbox"/>	<b>CP5 Co-Infection Panel 5</b>	1SST, 1EDTA	<b>\$816.00</b>
	IFA (IgM & IgG): B. microti, HME, HGA, B. henselae, R. rickettsii/typhi IgG FISH: Babesia		
<input type="checkbox"/>	<b>*CP6 Co-Infection Panel 6</b>	1SST, 1EDTA	<b>\$1,120.00</b>
	IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, B. henselae, R. rickettsii/typhi IgG FISH: Babesia & Bartonella		
<input type="checkbox"/>	<b>*CP7 Co-Infection Panel 7</b>	1SST, 1EDTA	<b>\$1,000.00</b>
	IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, R. rickettsii/typhi IgG Bartonella Western Blot IgM & IgG		
<input type="checkbox"/>	<b>*CP8 Co-Infection Panel 8</b>	1SST, 1EDTA	<b>\$1,352.00</b>
	Panel includes: CP7 Panel + #640 Babesia FISH + #289 Bartonella FISH		
<input type="checkbox"/>	<b>*CP9 Co-Infection Panel 9</b>	1SST, 1EDTA	<b>\$2,272.00</b>
	IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, R. rickettsii/typhi IgG PCR-Whole Blood: Babesia, Bartonella, HME, HGA, Rickettsia FISH: Babesia & Bartonella Bartonella Western Blot IgM & IgG		
<input type="checkbox"/>	<b>CP10 Co-Infection Panel 10</b>	1SST, 1EDTA	<b>\$1,736.00</b>
	IFA (IgM & IgG): B. microti, HME, HGA, B. henselae R. rickettsii/typhi IgG PCR-Whole Blood: Babesia, Bartonella, HME, HGA, Rickettsia Only R. rickettsii will be reported for NY resident in Rickettsia PCR FISH: Babesia		

### BABESIOSIS PANELS

<input type="checkbox"/>	<b>BAB1 Babesia Panel 1</b>	1SST, 1EDTA	<b>\$518.50</b>
	B. microti IgM & IgG IFA, Babesia PCR, Babesia FISH		
<input type="checkbox"/>	<b>*BAB2 Babesia Panel 2</b>	1SST, 1EDTA	<b>\$654.50</b>
	Panel includes: BAB1 Panel + #720 B. duncani IgM & IgG IFA		

### BARTONELLOSIS PANELS

<input type="checkbox"/>	<b>*BART1 Bartonella Panel 1</b>	1SST, 1EDTA	<b>\$518.50</b>
	B. henselae IgM & IgG IFA, Bartonella PCR, Bartonella FISH		
<input type="checkbox"/>	<b>*BART2 Bartonella Panel 2</b>	1SST, 1EDTA, Heparin	<b>\$558.50</b>
	Bartonella IgXSpot, Bartonella Western Blot IgM & IgG		
<input type="checkbox"/>	<b>*BART3 Bartonella Panel 3</b>	1SST, 1EDTA, Heparin	<b>\$896.25</b>
	Panel includes: BART2 Panel + Bartonella PCR, Bartonella FISH		
<input type="checkbox"/>	<b>*BART4 Bartonella Panel 4</b>	1SST, 1EDTA	<b>\$675.00</b>
	Bartonella Western Blot IgM & IgG, Bartonella PCR, Bartonella FISH		

### EHRlichiosis PANEL

<input type="checkbox"/>	<b>EP1 Ehrlichiosis Panel 1</b>	1SST, 1EDTA	<b>\$663.00</b>
	IFA (IgM & IgG): E. chaffeensis (HME), A. phagocytophilum (HGA) PCR: E. chaffeensis (HME), A. phagocytophilum (HGA)		

### RICKETTSIOSIS PANEL

<input type="checkbox"/>	<b>RP1 Rickettsiosis Panel 1</b>	1SST, 1EDTA	<b>\$331.50</b>
	#965 Rickettsia rickettsii/typhi IgG + #998 Rickettsia PCR Only R. rickettsii will be reported for NY resident in Rickettsia PCR		

### CENTRAL NERVOUS SYSTEM PANEL

<input type="checkbox"/>	<b>*CSF1 CSF Panel 1</b>	CSF	<b>\$500.00</b>
	#810 Lyme Dot Blot + #459 Lyme PCR + #565 TBRF PCR		

### IgXSpot PANEL

<input type="checkbox"/>	<b>*IGXSP IgXSpot Panel 1</b>	Heparin	<b>\$442.50</b>
	#300 Lyme IgXSpot + #350 Bartonella IgXSpot Heparin Tube: Must be received within 48 hours of collection at room temperature		

# 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
___*275	CD57	86356	EDTA	\$155.00
___*295	EDTA: Whole blood must be received within 48 hours of collection at room temperature			
___*296	C. pneumoniae IgG	86631	SST	\$85.00
	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	\$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		\$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	\$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>			