



INSTITUTIONAL TEST REQUEST FORM

For Lab Use Only

Date and time received: _____

Accn#: _____

Mailer: _____

Rec'd Condition _____

I. ORDERING PHYSICIAN INFORMATION: ALL INFORMATION REQUIRED

Name _____ Institution: _____

Reporting Contact Name: _____

Lab Results Email Address: _____ (Coppe has encrypted email account to send results securely)

Phone: _____ Fax: _____

STATEMENT OF MEDICAL NECESSITY: This requisition constitutes an order for services. I certify the services are medically indicated and necessary and they will assist me in treating my patients.

Physician Signature: _____

II. PATIENT INFORMATIONName: (Last, first) _____ Date of Birth _____/_____/_____ M F

Alternate Patient ID: _____ Diagnosis codes: 1 _____ 2 _____ 3 _____ 4 _____

III. BILLING INFORMATION:

Bill to: _____

City, State, Zip: _____

Contact Phone: _____

Address: _____

Billing Contact Name: _____

Contact Email: _____

IV. SPECIMEN INFORMATION

Date and time collected: _____/_____/_____ Time _____ AM/PM

HUMAN HERPESVIRUS-6 MOLECULAR TESTING*PCR=qualitative analysis for viral DNA**mRNA=qualitative analysis of active viral infections***HHV-6 RT-PCR mRNA Panel (1110)**

- Whole Blood (WB)
- Bone Marrow
- Cord Blood

HHV-6 PCR DNA

- Whole Blood (WB) (1112)
- Cerebrospinal Fluid (CSF) (1105)
- Plasma (1113)
- Fresh, frozen tissue (1114)

Tissue type _____

- Hair follicle (HF) (1109)
- Nail clipping (NC) (1109)

Chromosomally Integrated HHV-6 (ciHHV-6) Screening Panel (1013)

- Includes the following:
 - RT-PCR mRNA Panel (1110)
 - PCR DNA on Whole Blood (1112)
 - PCR DNA on HF or NC (1109)
 - Hair Follicle (HF) *Preferred*
 - Nail Clipping (NC)

HHV-6A, -6B PCR DNA on HF or NC (1109)

- Hair Follicle (HF)
- Nail Clipping (NC)

ARTHROPOD-BORNE DISEASE TEST PANELS**Plasma / Serum** (Coppe will process WB to plasma as needed)

- Comprehensive Lyme Borrelia Genospecies Panel (3003):** IgG / IgM EIA (3001) and IgG / IgM Immunoblot Test (3002)
- Powassan Virus Panel (3009):** qRT-PCR on whole blood (3007), IgG/IgM EIA, reflex to IFA if positive (3008)
- Tick-borne Disease Panel (4010):** Comprehensive Lyme Borrelia Genospecies Panel (3003); Powassan IgG/IgM EIA, reflex to IFA if positive (3008); Babesia IgG IFA (3013); Anaplasma IgG/IgM IFA (3014)
- Arthropod-borne Disease Panel (4011):** Comprehensive Lyme Borrelia Genospecies Panel (3003); Powassan IgG / IgM EIA, reflex to IFA if positive (3008); Babesia IgG IFA (3013); Anaplasma IgG/IgM IFA (3014); WNV IgG/IgM EIA (5000)

IMMUNOHISTOCHEMISTRY (IHC)*Formalin-fixed paraffin embedded (FFPE) tissue, 6 unstained slides, 4 micron thick***Tissue type:** Lung Heart Liver Brain Other _____Total number of tissues: _____ **Please attach surgical pathology report.**

- HHV-6 (2001) Biopsy: TAT 7 days. STAT services, please call

ARTHROPOD-BORNE DISEASE TESTS**Plasma / Serum** (Coppe will process WB to plasma as needed)

- Lyme Borrelia IgG/IgM EIA Screen (3001)
- Lyme Borrelia IgG/IgM Immunoblot (3002)
- Babesia IgG IFA (3013)
- Anaplasma IgG/IgM IFA (3014)
- Powassan virus (POWV) EIA Serology IgG/IgM (3008) *(with reflex to IFA if positive)*
- West Nile Virus (WNV) IgG/IgM EIA (5000)

Powassan virus (POWV) RT-PCR

- Whole Blood (WB) (3007) - *quantitative*
- CSF (3010) Plasma (3011)

If information is incomplete or incorrect, there may be a delay in specimen processing.