



# 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 INFORMATION

Name: (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*

#### 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)

*mRNA=qualitative analysis of active viral infections*

#### 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)

### ALLERGY TESTING

**Plasma / Serum** *(Coppe will process WB to plasma as needed)*

- Full Screen:** Includes US Inhalation and Food Allergy Panels (6003)
- US Inhalation Allergy Panel (6001)
- US Food Allergy Panel (6002)

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

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