

ORDERING PHYSICIAN INFORMATION: ALL INFORMATION REQUIRED

Name _____ NPI# _____
 Clinic or Institution Name _____
 Address _____ City, State, Zip _____
 Phone _____ Reporting Contact name _____
 Reporting Email _____ Reporting 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: _____

PATIENT INFORMATION

Name (Last, first) _____ Date of Birth ____/____/____ M F
 Alternate Patient ID _____ Email _____
 Address _____ City, State, Zip _____
 Diagnosis Codes _____ Phone _____

PAYMENT INFORMATION:

Coppe Laboratories is a Fee-For-Service Provider. **Payment must be made in full at the time of sample submission even when an insurance claim will be filed.** We accept MasterCard, VISA, Discover, American Express or a check may be attached to the order.

Credit Card Number: _____

Exp. Date: _____ CW: _____ Name on Credit Card: _____

INSURANCE FILING OPTION: For a \$25 fee, Coppe Laboratories will submit a claim with the designated insurance carrier, health plan, or third party administrator. Coppe Laboratories is not a Medicare provider and does not bill Medicare.

YES, I authorize Coppe Laboratories to submit a claim with my designated insurance carrier, health plan, or third-party administrator. I understand that all insurance payments will be reimbursed to me. Attach copy (front and back) of insurance card.

Insured Party Signature: _____ Date: _____

SPECIMEN INFORMATION

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

ARTHROPOD-BORNE DISEASE TEST PANELS

- 3003: **Comprehensive Lyme Borrelia Genospecies Panel:** *IgG/IgM EIA (3001) and IgG/IgM Immunoblot Tests (3002)*
- 3009: **Powassan Virus Panel:** *qRT-PCR, Whole Blood (3007) and IgG/IgM EIA, reflex to IFA if positive (3008)*
- 4010: **Tick-borne Disease Panel:** *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)*
- 4011: **Arthropod-borne Disease Panel:** *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)*

ARTHROPOD-BORNE DISEASE TESTS

Whole blood (WB) (*processed 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) IgG/IgM (3008)
- West Nile Virus (WNV) IgG/IgM EIA (5000)

Powassan Virus RT-PCR

- WB (3007) CSF (3010) Plasma (3011)

HUMAN HERPESVIRUS-6 (HHV-6 A/B) MOLECULAR TESTING

HHV-6 RT-PCR mRNA Panel (1110)

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

PCR DNA (1114)

- Fresh, frozen tissue
- Tissue type _____

HHV-6 PCR DNA

- Whole Blood (WB) (1112)
- Cerebrospinal Fluid (CSF) (1105)
- Plasma (1113)

PCR DNA (1109)

- Hair follicle (HF)
- Nail clippings (NC)

IMMUNOHISTOCHEMISTRY (IHC)

Please attach pathology report

Formalin-fixed paraffin embedded (FFPE) tissue, 6 unstained slides, 4 microns thick

HHV-6 staining with basic interpretation (2001)

- Tissue type:
- Bone Marrow Heart
 - Liver Brain
 - Lung GI
 - Other _____

Chromosomally Integrated HHV-6 (ciHHV-6) Panel

ciHHV-6 Panel (1013)

- Includes the following:
- RT-PCR mRNA Panel on WB (1110)
 - PCR DNA on WB (1112)
 - PCR DNA (1109) on:
 - Hair Follicle (HF)
 - Nail Clipping (NC)