

**For Lab Use Only**

Accn#: \_\_\_\_\_  
 Mailer: \_\_\_\_\_  
 Date and time received: \_\_\_\_\_  
 Rec'd Condition \_\_\_\_\_

**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: \_\_\_\_\_ CWV: \_\_\_\_\_ 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)
- 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 INDIVIDUAL 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)

**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)

**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:

- |                                      |                                |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Liver       | <input type="checkbox"/> Brain |
| <input type="checkbox"/> Lung        | <input type="checkbox"/> GI    |
| <input type="checkbox"/> Other _____ |                                |

**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)