

I. 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: _____

II. PATIENT INFORMATION

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

III. BILLING INFORMATION: Coppe Laboratories is a fee-for-service provider. **Payment for testing is to be provided at the time of sample submission, even if insurance claim is submitted.**

Attach check, money order, or a credit card number (MasterCard, VISA, Discover or American Express.)

Credit Card Number _____ - _____ - _____ Exp. Date _____ CVS _____
 Name on Credit Card (if different than Patient name): _____

IV. INSURANCE INFORMATION: Coppe Laboratories will submit a claim with the designated insurance carrier, health plan, or third party administrator **for a \$25 fee.** (Coppe Laboratories is not a Medicare provider and does not bill Medicare.)

- Submitting insurance reimbursement: Attach copy (front and back) of patient's insurance information. (Coppe does not bill Medicare.)
- **Physician must provide diagnosis codes specific to testing requested:** 1 _____ 2 _____ 3 _____ 4 _____

FOR INSURANCE AUTHORIZATION: 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. Insured party signature: _____ Date: _____

V. 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)
 - Lyme Borrelia IgG/IgM Western blots (3005)
 - 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)

ALLERGY TESTING

- Plasma** (Coppe will process whole blood to plasma as needed)
- Full Allergy Screen:** Includes US Inhalation and Food Allergy Panels (6003)
 - US Inhalation Allergy Panel (6001)
 - US Food Allergy Panel (6002)

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

- | | |
|---|---|
| HHV-6 RT-PCR mRNA Panel (1110) | PCR DNA (1114) |
| <input type="checkbox"/> Whole Blood (WB) | <input type="checkbox"/> Fresh, frozen tissue |
| <input type="checkbox"/> Bone Marrow | Tissue type _____ |
| <input type="checkbox"/> Cord Blood | PCR DNA (1109) |
| HHV-6 PCR DNA | <input type="checkbox"/> Hair follicle (HF) |
| <input type="checkbox"/> Whole Blood (WB) (1112) | <input type="checkbox"/> Nail clippings (NC) |
| <input type="checkbox"/> Cerebrospinal Fluid (CSF) (1105) | |
| <input type="checkbox"/> Plasma (1113) | |

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) (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 _____ | |

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)