TEST REQUEST FORM

Coppe LABORATORIES

For Lab Use Only
Accn#:
Mailer:
Date and time received:
Rec'd Condition

If information is incomplete or incorrectly filled out, there may be a delay in processing the specimen.

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: _____ Diagnosis codes: 1_____ 2 _____ 3 _____ 4_____
Address_____ City, State, Zip_____
Email: _____ 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. 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.)

- Direct payment: Attach check, money order, or a credit card number (MasterCard, VISA, Discover or American Express.)
- Submitting insurance reimbursement: Attach copy (front and back) of patient's insurance information. (Coppe does not bill Medicare.)

Credit Card Number_____-_____-_____-_____Exp. Date _____CVS_____

Name on Credit Card (if different than Patient name):_____

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:_____

IV. SPECIMEN INFORMATION Date and time collected: _____/_____/_____ Time _____ AM/PM

New Test Offering FEB 2017 ALLERGY TESTING

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

- ☐ US Inhalation Allergy Panel (6001)
- ☐ US Food Allergy Panel (6002)
- ☐ US Inhalation and Food Allergy Panels (6003)

TICK / MOSQUITO-BORNE DISEASE TESTING

Whole blood (WB) *(Coppe will process to plasma as needed)*

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

POWV RT-PCR

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

TICK/MOSQUITO-BORNE DISEASE PANELS

- ☐ 3003: Comprehensive Lyme Borrelia Panel: *IgG/IgM EIA (3001) and IgG/IgM Immunoblot Test (3002)*
- ☐ 3009: Powassan Virus Panel (POWV): *qRT-PCR, Whole Blood (3007) and IgG/IgM EIA, reflex to IFA if positive (3008 / 3012)*
- ☐ 4007: Acute Tick/Mosquito-borne Disease Panel: *Comprehensive Lyme Borrelia Panel (3003); POWV Panel (3009); WNV IgG/IgM EIA (5000)*
- ☐ 4008: Chronic Tick/Mosquito-borne Disease Panel: *Comprehensive Lyme Borrelia Panel (3003); POWV) IgG/IgM EIA (3008) (with reflex to IFA if positive); WNV IgG/IgM EIA (5000)*
- ☐ 4009: Chronic Tick/Mosquito-borne Disease with HHV-6: *Comprehensive Lyme Borrelia Panel (3003); POWV IgG/IgM EIA (3008) (with reflex to IFA if positive); WNV IgG/IgM EIA (5000); HHV-6 mRNA Panel (1110)*

HUMAN HERPESVIRUS-6 A and B (HHV-6A, -6B) MOLECULAR TESTING

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)

Tissue (Fresh Frozen)

☐ PCR DNA (1114)

Tissue type_____

Hair Follicle/Nail Clipping

PCR DNA (1109)

Select one
- ☐ Hair Follicle (HF) *Preferred*
- ☐ Nail Clipping (NC)

Chromosomally Integrated HHV-6 (ciHHV-6)

☐ **ciHHV-6A, -6B Screening Panel (1013)**

Includes the following:

- RT-PCR mRNA Panel on Whole Blood
- PCR DNA on Whole Blood
- PCR DNA on one of the following:
  - ☐ Hair Follicle (HF) *Preferred*
  - ☐ 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**:**

☐ Bone Marrow ☐ Heart
☐ Liver ☐ Brain
☐ Lung ☐ GI
☐ Other _____