

For Lab Use Only

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

ORDERING PHYSICIAN INFORMATION: ALL INFORMATION REQUIRED

Ordering Physician: _____ NPI # _____
Institution: _____ Reporting Contact Phone: _____
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

Pt L Name, Pt F Name: _____ Date of Birth _____/_____/_____ M F
Alternate Patient ID: _____

BILLING INFORMATION:

Bill to: _____ Billing Contact Name: _____
Address: _____ Billing Contact Phone: _____
City, State, Zip: _____ Billing Contact E-Mail: _____

SPECIMEN INFORMATION

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

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

- Lyme Borrelia IgG/IgM EIA Screen (3001)
- Lyme Borrelia IgG/IgM Immunoblot (3002)
- Comprehensive Lyme Borrelia Genospecies Panel (3003):** IgG / IgM EIA (3001) and IgG / IgM Immunoblot Test (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) IgM EIA (5000)
- 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 IgM EIA (5000)

- Whole blood
- Plasma
- Serum

HUMAN HERPESVIRUS-6 MOLECULAR TESTING**Chromosomal Integration/HHV-6 PCR DNA**

HHV-6A, -6B PCR DNA on HF or NC (1109)
 Hair Follicle (HF) *Preferred*
 Nail Clipping (NC)