

NEW INSTITUTIONS: BEFORE ORDERING, CONTACT COPPE LABS TO ESTABLISH AN ACCOUNT.

**ORDERING PHYSICIAN INFORMATION:**

Ordering Physician \_\_\_\_\_ NPI # \_\_\_\_\_  
Institution \_\_\_\_\_  
Phone \_\_\_\_\_ Reporting Contact Name \_\_\_\_\_ Reporting Email \_\_\_\_\_  
Reporting Fax \_\_\_\_\_ (Please note that our customary reporting delivery is by protected email.)

**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: \_\_\_\_\_

**BILLING INFORMATION**

Bill To \_\_\_\_\_ Billing Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Contact Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Contact Email \_\_\_\_\_

**PATIENT INFORMATION**

Last Name, First Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ M ☐ F  
Alternate Patient ID \_\_\_\_\_

**SPECIMEN INFORMATION**

Date and time collected \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_

**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

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

HHV-6A, -6B PCR DNA on HF or NC (1109)

☐ Hair Follicle (HF) *root attached, 6-8 Preferred*

☐ Nail Clipping (NC), 5-10, *cut near nail plate*

**ARTHROPOD-BORNE DISEASE TESTS**

☐ Powassan virus (POWV) IgG/IgM (3008)