

**For Lab Use Only**

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

**ORDERING PHYSICIAN INFORMATION: ALL INFORMATION REQUIRED**

Ordering Physician \_\_\_\_\_ 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.
- NO,** I do not wish Coppe Laboratories to submit an insurance claim.

Insured Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIMEN INFORMATION** Date and time collected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ AM/PM

**ARTHROPOD-BORNE DISEASE**

**Whole blood (WB)** (processed to plasma as needed)

- 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 Tests (3002)
- Babesia IgG IFA (3013)
- Anaplasma IgG/IgM IFA (3014)
- Powassan virus (POWV) IgG/IgM (3008)
- West Nile Virus (WNV) IgM EIA (5000)
- Arthropod-borne Disease Panel (4001):** 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)

**CHROMOSOMAL INTEGRATION/HHV-6**

- PCR DNA (1109) on:
  - Hair Follicle (HF) (preferred)
  - Nail Clipping (NC)