Directions to send tick(s) for testing:

- Tick(s) can be alive or dead for PCR testing.
- Please DO NOT preserve the tick (no formaldehyde, alcohol, or tape)
- Place ticks (up to 20) in a small plastic tube or sealed plastic bag and enclose in an envelope or package suitable for mailing/shipping. (Please mark front of envelope or package with “TT”)
- Complete the lower portion of this form
- Please send the tick by FedEx, UPS, or US Mail
- Please ship or mail your tick and completed Tick Test Requisition Form to:

  IGeneX, Inc. - Specimen Processing Dept.
  795 San Antonio Road
  Palo Alto, CA 94303

**For multiple Ticks: up to 20 ticks will be tested together at one time unless indicated otherwise.
If ticks are tested separately, the charge is per tick. Please test my ticks separately ☐ Yes**

Please note:
- IGeneX does not “TYPE” or determine the species of the tick(s). If you wish to “TYPE” your tick(s), please contact your local Vector Control Center.
- Once your tick(s) have been processed, the tick cannot be returned to you
- Ticks are NOT a clinical sample and will not be reimbursed by most Healthcare Insurance Providers.

<table>
<thead>
<tr>
<th>Tick Tests</th>
<th></th>
<th>$75.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Test 140 Lyme Disease (B. burgdorferi)</td>
<td></td>
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<tr>
<td>☐ Test 571 Relapsing Fever (Relapsing Fever Borrelia)</td>
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<tr>
<td>☐ Test 148 Ehrlichiosis (Ehrlichia and/or Anaplasma)</td>
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<tr>
<td>☐ Test 290 Bartonellosis (Bartonella)</td>
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<tr>
<td>☐ Test 975 Rickettsiosis (Rickettsia)</td>
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<tr>
<td>☐ Test 689 Babesiosis (B. microti and/or B. duncan)</td>
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</tbody>
</table>

**Sender's Information (Please Print)**

If you would like results faxed or called, please indicate below. Otherwise, results will be mailed via USPS.

☐ Please call me with my results at:
  (____) -

☐ Please fax my completed results to:
  (____) -

**Payment**

☐ Check enclosed (payable to IGeneX, Inc.) Check#: ______________________________

☐ Please charge my credit card for the above tests:
  ☐ Visa  ☐ MasterCard  ☐ Discover  ☐ American Express

  Credit Card Number: ___________________________________________  Expiration Date: _____ / _____

  Cardholder's Signature: ________________________________________