



TEST REQUISITION FORM (International Use Only)

Lab
Use Only

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CLIA Number: 05D0643914 • NPI: 1396837605 • CA License: CLF4033 • Federal Tax ID: 94-3147701

Processing of test(s) may be delayed if the following required information is incomplete:

- PATIENT INFORMATION – Patient’s demographic, Patient Prepayment, and Patient/Responsible party’s signature.
- REFERRING PHYSICIAN INFORMATION – Referring Physician’s practicing location address, DX Codes, NPI, and Physician’s signature.

| | | | | | |
|--|--|--|------------------------------|---|----------------------------|
| PATIENT INFORMATION | | | | | |
| Last Name | | First Name | | Middle Initial | |
| Mailing Address | | | City/Town | | |
| Province/State | | Postal Code | | Country | |
| Telephone | | Email | | Gender <input type="checkbox"/> Female <input type="checkbox"/> Male | Date of Birth (MM-DD-YYYY) |
| BILLING INFORMATION (REQUIRED) | | | | | |
| <input type="checkbox"/> Visa, MasterCard, Discover or American Express only | | | | | |
| Credit Card Number | | Expiration Date (MM-YYYY) | | Cardholder’s Name | |
| By signing this document, I accept financial responsibility and am aware of the testing fees. I authorize the above credit card to be charged for services. | | | | | |
| SIGN and DATE HERE *Required to process test(s)* | | PATIENT or RESPONSIBLE PARTY’S SIGNATURE (REQUIRED) | | TODAY’S DATE | |
| Please charge my credit card for additional test(s) requested by my Referring Physician: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| REFERRING PHYSICIAN INFORMATION | | | | | |
| Physician/Laboratory | | Credentials | | BILL CLIENT: <input type="checkbox"/> Referring Physician <input type="checkbox"/> Drawing Laboratory <i>Please Note: A Client Payment Agreement must be on file with IGeneX in advance. Not required for Patient Pre-payment. Please contact billing@igenex.com for details.</i> | |
| Primary Practice Address | | | City/Town | | |
| Province/State | | Postal Code | | Country | |
| Telephone | | Fax Number | | Email | |
| Only tests that are medically reasonable and necessary for the diagnosis or treatment of a Medicare patient will be reimbursed. The Office of Inspector General takes the position that a physician who orders medically unnecessary tests for which Medicare reimbursement is claimed may be subject to civil penalties under the False Claims Act. | | | | | |
| SIGN and DATE HERE *Required to process test(s)* | | REFERRING PHYSICIAN’S SIGNATURE (REQUIRED) | | TODAY’S DATE | |
| If signature is not available, please attach Physician’s Prescription Please mark Panel/Test(s) on page 2 and 3 ► | | | | | |
| DRAWING LABORATORY | | | | | |
| Laboratory | | Telephone | | Fax Number | |
| Street Address | | | Venipuncture – Performed By: | | Draw Date: (MM-DD-YYYY) |
| City/Town | | Province/State | | Send copy of test results? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Country | | Email | | Charged for venipuncture Fee? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| SPECIMEN INFORMATION: Patient’s Last Name, First Name, Collection Date and Date of Birth must be on tube labels. | | | | | |
| <input type="checkbox"/> SERUM (SST) | | Collection Date: ____/____/____ | | Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer | |
| <input type="checkbox"/> WHOLE BLOOD (EDTA) #1 | | Collection Date: ____/____/____ | | Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer | |
| <input type="checkbox"/> WHOLE BLOOD (EDTA) #2 | | Collection Date: ____/____/____ | | Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer | |
| <input type="checkbox"/> WHOLE BLOOD (HEPARIN) | | Collection Date: ____/____/____ | | Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer | |
| <input type="checkbox"/> URINE Sample #1 | | Collection Date: ____/____/____ | | Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer | |
| <input type="checkbox"/> URINE Sample #2 | | Collection Date: ____/____/____ | | Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer | |
| <input type="checkbox"/> URINE Sample #3 | | Collection Date: ____/____/____ | | Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer | |
| <input type="checkbox"/> MISCELLANEOUS Collection Date: _____ Type: _____ Preservative: _____ | | | | Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer | |

PANELS

Test Panels are tailored to meet the needs of referring healthcare practitioner. Panel discounts only apply towards tests ordered at the same time. Prepay Panel Price as marked.

Patient Information (required)

Name (Last, First, Middle)

Date of Birth (MM-DD-YYYY)

Please Note: S – Lyme and/or TBRF ImmunoBlot Speciation will be included and reported when ordering Lyme, TBRF, and Tick-Borne Disease Panels excluding panels: LPCR1 & *TBD7. Lyme ImmunoBlot Speciation are not yet available to New York Residents.

| LYME PANELS (Borrelia burgdorferi) | | | |
|---|--|-----------------------|-------------------|
| <input type="checkbox"/> | IB1L Lyme ImmunoBlot Panel 1 S | 1SST | \$490.50 |
| Lyme Screen Immunoassay IgM & IgG, Lyme IB IgM & IgG | | | |
| <input type="checkbox"/> | IB2 Lyme ImmunoBlot Panel 2 S | 1SST, 1EDTA | \$686.00 |
| Lyme IB IgM & IgG, Lyme PCR: serum & whole blood | | | |
| <input type="checkbox"/> | IB3L Lyme ImmunoBlot Panel 3 S | 1SST, 1EDTA | \$752.50 |
| Lyme Screen Immunoassay IgM & IgG, Lyme IB IgM & IgG Lyme PCR: serum & whole blood | | | |
| <input type="checkbox"/> | IB4 Lyme ImmunoBlot Panel 4 | 1SST, 1EDTA, 1Heparin | \$892.50 |
| Panel includes: IB2 Panel + #300 Lyme IGXSpot Heparin Tube: Must be received within 48 hours of collection at room temperature | | | |
| <input type="checkbox"/> | LPCR1 Lyme Multiplex PCR Panel 1 | 1SST, 1EDTA | \$371.00 |
| Lyme Multiplex PCR: serum & whole blood | | | |
| TICK BORNE RELAPSING FEVER (TBRF) PANELS (Borrelia) | | | |
| <input type="checkbox"/> | TBRF1 TBRF Panel 1 S | 1SST, 1EDTA | \$686.00 |
| TBRF IB IgM & IgG, TBRF PCR: serum & whole blood | | | |
| <input type="checkbox"/> | TBRF2 TBRF Panel 2 | 1SST, 1EDTA | \$371.00 |
| TBRF PCR: serum & whole blood | | | |
| BORRELIOSIS PANELS (combinations of Lyme & TBRF testing) | | | |
| <input type="checkbox"/> | LTP1L Lyme/TBRF Panel 1 S | 1SST | \$895.50 |
| Lyme Screen Immunoassay IgM & IgG ImmunoBlot (IgM & IgG): Lyme, TBRF | | | |
| <input type="checkbox"/> | LTP2L Lyme/TBRF Panel 2 S | 1SST, 1EDTA | \$991.25 |
| Lyme Screen Immunoassay IgM & IgG ImmunoBlot (IgM & IgG): Lyme, TBRF PCR: Lyme serum & whole blood | | | |
| <input type="checkbox"/> | LTP3L Lyme/TBRF Panel 3 S | 1SST, 1EDTA | \$1,335.75 |
| Lyme Screen Immunoassay IgM & IgG ImmunoBlot (IgM & IgG): Lyme, TBRF PCR: Lyme serum & whole blood; TBRF serum & whole blood | | | |
| TICK-BORNE DISEASE PANELS (combines: Lyme, TBRF, Babesia, HME, HGA, Bartonella & Rickettsia) | | | |
| <input type="checkbox"/> | TBD4IBL Tick-Borne Disease Panel 4IBL S | 1SST, 1EDTA | \$1,662.50 |
| IFA (IgM & IgG): HME, HGA, R. rickettsii/typhi IgG Lyme Screen Immunoassay IgM & IgG ImmunoBlot (IgM & IgG): Lyme, TBRF, Babesia, Bartonella | | | |
| <input type="checkbox"/> | TBD5IBL Tick-Borne Disease Panel 5IBL S | 1SST, 1EDTA | \$1,970.50 |
| FISH: Babesia & Bartonella IFA (IgM & IgG): HME, HGA, R. rickettsii/typhi IgG Lyme Screen Immunoassay IgM & IgG ImmunoBlot (IgM & IgG): Lyme, TBRF, Babesia, Bartonella | | | |
| <input type="checkbox"/> | TBD6IBL Tick-Borne Disease Panel 6IBL S | 1SST, 1EDTA | \$2,712.50 |
| FISH: Babesia & Bartonella IFA (IgM & IgG): HME, HGA, R. rickettsii/typhi IgG Lyme Screen Immunoassay IgM & IgG ImmunoBlot (IgM & IgG): Lyme, TBRF, Babesia, Bartonella PCR: Lyme serum & whole blood, TBRF serum & whole blood | | | |
| <input type="checkbox"/> | TBD7 Tick-Borne Disease Panel 7 | URINE | \$495.00 |
| PCR with urine: Lyme, TBRF, Babesia, B. henselae, HME, HGA, Rickettsia | | | |
| <input type="checkbox"/> | TBD8BL Tick-Borne Disease Panel 8BL S | 1SST, 1EDTA | \$1,613.50 |
| FISH: Babesia IFA (IgM & IgG): HME, HGA, B. henselae, R. rickettsii/typhi IgG Lyme Screen Immunoassay IgM & IgG ImmunoBlot (IgM & IgG): Lyme, TBRF, Babesia | | | |
| <input type="checkbox"/> | TBD9BL Tick-Borne Disease Panel 9BL S | 1SST, 1EDTA | \$1,830.50 |
| IFA (IgM & IgG): HME, HGA, B. henselae, R. rickettsii/typhi IgG Lyme Screen Immunoassay IgM & IgG ImmunoBlot (IgM & IgG): Lyme, TBRF, Babesia PCR: Lyme serum & whole blood, | | | |

| <input type="checkbox"/> | TBD10BL Tick-Borne Disease Panel 10BL S | 2SST, 2EDTA | \$3,160.50 |
|---|--|-----------------------|-------------------|
| FISH: Babesia IFA (IgM & IgG): HME, HGA, B. henselae, R. rickettsii/typhi IgG Lyme Screen Immunoassay IgM & IgG ImmunoBlot (IgM & IgG): Lyme, TBRF, Babesia PCR: Lyme serum & whole blood, TBRF serum & whole blood PCR-Whole Blood: Babesia, B. henselae, HME, HGA, Rickettsia <i>Only R. rickettsii will be reported for NY residents in Rickettsia PCR</i> | | | |
| <input type="checkbox"/> | TBD11L Tick-Borne Disease Panel 11L S | 2SST, 2EDTA | \$3,517.50 |
| FISH: Babesia & Bartonella IFA (IgM & IgG): HME, HGA, R. rickettsii/typhi IgG Lyme Screen Immunoassay IgM & IgG PCR: Lyme serum & whole blood, TBRF serum & whole blood PCR-Whole Blood: Babesia, B. henselae, HME, HGA, Rickettsia ImmunoBlot (IgM & IgG): Lyme, TBRF, Babesia, Bartonella | | | |
| CO-INFECTION PANELS (combines: Babesia, HME, HGA, Bartonella, Rickettsia) | | | |
| <input type="checkbox"/> | CP5 Co-Infection Panel 5 | 1SST, 1EDTA | \$816.00 |
| IFA (IgM & IgG): B. microti, HME, HGA, B. henselae, R. rickettsii/typhi IgG FISH: Babesia | | | |
| <input type="checkbox"/> | CP7IB Co-Infection Panel 7IB | 1SST, 1EDTA | \$1,104.00 |
| IFA (IgM & IgG): HME, HGA, R. rickettsii/typhi IgG ImmunoBlot (IgM & IgG): Babesia, Bartonella | | | |
| <input type="checkbox"/> | CP8IB Co-Infection Panel 8IB | 1SST, 1EDTA | \$1,456.00 |
| Panel includes: CP7IB Panel + #640 Babesia FISH + #289 Bartonella FISH | | | |
| <input type="checkbox"/> | CP10 Co-Infection Panel 10 | 1SST, 1EDTA | \$1,736.00 |
| IFA (IgM & IgG): B. microti, HME, HGA, B. henselae R. rickettsii/typhi IgG PCR-Whole Blood: Babesia, B. henselae, HME, HGA, Rickettsia <i>Only R. rickettsii will be reported for NY residents in Rickettsia PCR</i> FISH: Babesia | | | |
| <input type="checkbox"/> | CP11 Co-Infection Panel 11 | 1EDTA | \$920.00 |
| PCR with whole blood: Babesia, B. henselae, HME, HGA, Rickettsia <i>Only R. rickettsii will be reported for NY residents in Rickettsia PCR</i> | | | |
| BABESIOSIS PANELS | | | |
| <input type="checkbox"/> | BAB2B Babesia Panel 2B | 1SST, 1EDTA | \$765.00 |
| Babesia ImmunoBlot IgM & IgG, Babesia PCR, Babesia FISH | | | |
| BARTONELLOSIS PANELS | | | |
| <input type="checkbox"/> | BART2I Bartonella Panel 2I | 1SST, 1EDTA, 1Heparin | \$633.25 |
| #350 Bartonella IGXSpot, Bartonella ImmunoBlot IgM & IgG Heparin Tube: Must be received within 48 hours of collection at room temperature | | | |
| <input type="checkbox"/> | BART3I Bartonella Panel 3I | 1SST, 1EDTA, 1Heparin | \$1015.75 |
| Panel includes: BART2I Panel, B. henselae PCR, Bartonella FISH Heparin Tube: Must be received within 48 hours of collection at room temperature | | | |
| <input type="checkbox"/> | BART4I Bartonella Panel 4I | 1SST, 1EDTA | \$765.00 |
| Bartonella ImmunoBlot IgM & IgG, B. henselae PCR, Bartonella FISH | | | |
| EHRlichiosis PANEL | | | |
| <input type="checkbox"/> | EP1 Ehrlichiosis Panel 1 | 1SST, 1EDTA | \$663.00 |
| IFA (IgM & IgG): E. chaffeensis (HME), A. phagocytophilum (HGA) PCR-Whole Blood: E. chaffeensis (HME), A. phagocytophilum (HGA) | | | |
| RICKETTSIOSIS PANEL | | | |
| <input type="checkbox"/> | RP1 Rickettsiosis Panel 1 | 1SST, 1EDTA | \$331.50 |
| Rickettsia rickettsii/typhi IFA IgG, Rickettsia PCR <i>Only R. rickettsii will be reported for NY residents in Rickettsia PCR</i> | | | |
| cePCR TEST PANELS (culture enhanced PCR) | | | |
| <input type="checkbox"/> | CEBOR Borreliosis cePCR Test Panel | 1EDTA | \$875.50 |
| Culture cePCR: Lyme, RFB & Bbsl | | | |
| <input type="checkbox"/> | CETBD TBD cePCR Test Panel | 1EDTA | \$1,499.00 |
| Culture cePCR: Lyme, RFB & Bbsl, Babesia, Bartonella, Ehrlichia and Anaplasma, Rickettsia | | | |

See page 3 for individual tests and CPT Codes ▶

INDIVIDUAL TESTS

Visit www.igenex.com for the most up-to-date test information.

| Patient Information (required) | |
|------------------------------------|----------------------------|
| Name (Last, First, Middle Initial) | Date of Birth (MM/DD/YYYY) |

| TEST CODE | TEST NAME | PREPAY PRICE | TUBE(S)/SPECIMEN REQUIREMENTS | CPT CODE(S) |
|---|---|--------------|---|----------------------------|
| ▶ LYME (Borrelia burgdorferi) | | | | |
| 183 | Lyme Serology IgG/IgM | \$95.00 | 1 SST/ minimum volume 0.5mL serum | 86618 |
| 300 | Lyme IGXSpot | \$295.00 | 1 Full Heparin | 86352 |
| 325 | Lyme ImmunoBlot IgM | \$225.00 | 1 SST/ minimum volume 0.5mL serum | 0041U |
| 335 | Lyme ImmunoBlot IgG | \$225.00 | 1 SST/ minimum volume 0.5mL serum | 0042U |
| 385 | Lyme ImmunoBlot IgM Speciation | \$100.00 | 1 SST/ <i>Must be ordered in conjunction with Test 325 – Lyme IB IgM</i> | 84182, 86609 x4 |
| 395 | Lyme ImmunoBlot IgG Speciation | \$100.00 | 1 SST/ <i>Must be ordered in conjunction with Test 335 – Lyme IB IgG</i> | 84182, 86609 x4 |
| 450 | Lyme Multiplex PCR – Urine | \$265.00 | Urine – BD Gray Top/ 4mL x2 | 87801 x2 |
| 453 | Lyme Multiplex PCR – Serum | \$265.00 | 1 SST/ minimum volume 2mL serum | 87801 x2 |
| 456 | Lyme Multiplex PCR – Whole Blood | \$265.00 | 1 Full EDTA | 87476, 87801 |
| 462 | Lyme Multiplex PCR – Miscellaneous | \$295.00 | 2-3 cm/tissue, or 3mL/fluid | 87801 x2 |
| 465 | Lyme Multiplex PCR – Urine (pooled) | \$265.00 | Urine – BD Gray Top/ 4mL x6 (2 tubes per collection day) | 87801 x2 |
| 601 | Broad Coverage Lyme Ab Assay | \$195.00 | 1 SST/ minimum volume 0.5mL serum | 0042U |
| 605 | Lyme Screen Immunoassay IgM | \$95.00 | 1 SST/ minimum volume 0.5mL serum | 86618 |
| 606 | Lyme Screen Immunoassay IgG | \$95.00 | 1 SST/ minimum volume 0.5mL serum | 86618 |
| 1100C | Lyme cePCR (Culture enhanced) | \$765.00 | 1 Full EDTA | 87999, 87476, 87801 |
| ▶ TICK-BORNE RELAPSING FEVER (TBRF) Borrelia | | | | |
| 345 | TBRF ImmunoBlot IgM | \$225.00 | 1 SST/ minimum volume 0.5mL serum | 0043U |
| 346 | TBRF ImmunoBlot IgM Speciation | \$100.00 | 1 SST/ <i>Must be ordered in conjunction with Test 345 – TBRF IB IgM</i> | 86609 x3 |
| 355 | TBRF ImmunoBlot IgG | \$225.00 | 1 SST/ minimum volume 0.5mL serum | 0044U |
| 356 | TBRF ImmunoBlot IgG Speciation | \$100.00 | 1 SST/ <i>Must be ordered in conjunction with Test 355 – TBRF IB IgG</i> | 86609 x3 |
| 556 | TBRF and B. burgdorferi sensu lato real-time PCR – Whole Blood | \$265.00 | 1 Full EDTA | 87798 x3 |
| 559 | TBRF and B. burgdorferi sensu lato real-time PCR – Urine | \$265.00 | Urine – BD Gray Top/ 4mL x2 | 87798 x3 |
| 562 | TBRF and B. burgdorferi sensu lato real-time PCR – Urine (pooled) | \$265.00 | Urine – BD Gray Top/ 4mL x6 (2 tubes per collection day) | 87798 x3 |
| 568 | TBRF and B. burgdorferi sensu lato real-time PCR – Miscellaneous | \$295.00 | 2-3 cm/tissue, or 3mL/fluid | 87798 x3 |
| 573 | TBRF and B. burgdorferi sensu lato real-time PCR – Serum | \$265.00 | 1 SST/ minimum volume 2mL serum | 87798 x3 |
| 602 | Broad Coverage TBRF Borrelia Ab Assay | \$195.00 | 1 SST/ minimum volume 0.5mL serum | 0044U |
| 1200C | RFB & Bbsl cePCR (Culture enhanced) | \$765.00 | 1 Full EDTA <i>ABN required in advance for all Medicare beneficiaries</i> | 87999, 87798 x3 |
| ▶ BABESIOSIS | | | | |
| 200 | B. microti IgM & IgG IFA | \$160.00 | 1 SST/ minimum volume 0.5mL serum | 86753 x2 |
| 609 | Broad Coverage Babesia Ab Assay | \$195.00 | 1 SST/ minimum volume 0.5mL serum | 86318 |
| 640 | Babesia FISH | \$220.00 | 1 Full EDTA – do not freeze | 88365 |
| 663 | Babesia PCR – Whole Blood | \$230.00 | 1 Full EDTA | 87798 x2 |
| 665 | Babesia PCR – Urine | \$230.00 | Urine – BD Gray Top/ 4mL x2 | 87798 x2 |
| 720 | B. duncani IgM & IgG IFA | \$160.00 | 1 SST/ minimum volume 0.5mL serum | 86753, 87299 |
| 900 | Babesia ImmunoBlot IgM | \$225.00 | 1 SST/ minimum volume 0.5mL serum | 86318, 86609, 86753, 87451 |
| 905 | Babesia ImmunoBlot IgG | \$225.00 | 1 SST/ minimum volume 0.5mL serum | 86318 x2, 86753, 87451 |
| 1300C | Babesia cePCR (Culture enhanced) | \$730.00 | 1 Full EDTA | 87999, 87798 x2 |
| ▶ BARTONELLOSIS | | | | |
| 280 | B. henselae PCR – Whole Blood | \$230.00 | 1 Full EDTA | 87471 |
| 282 | B. henselae PCR – Urine | \$230.00 | Urine – BD Gray Top/ 4mL x2 | 87471 |
| 285 | B. henselae IgM & IgG IFA | \$160.00 | 1 SST/ minimum volume 0.5mL serum | 86317 x2 |
| 289 | Bartonella FISH | \$220.00 | 1 Full EDTA – do not freeze | 88365 |
| 350 | Bartonella IGXSpot | \$295.00 | 1 Full Heparin | 86352 |
| 374 | Bartonella ImmunoBlot IgM (report 5 species) | \$225.00 | 1 SST/ minimum volume 0.5mL serum | 84182, 86317 x3, 86611 x2 |
| 384 | Bartonella ImmunoBlot IgG (report 5 species) | \$225.00 | 1 SST/ minimum volume 0.5mL serum | 84182, 86317 x3, 86611 x2 |
| 611 | Broad Coverage Bartonella Ab Assay | \$195.00 | 1 SST/ minimum volume 0.5mL serum | 86611 |
| 1400C | Bartonella cePCR (Culture enhanced) | \$730.00 | 1 Full EDTA | 87999, 87471 |
| ▶ EHRlichiosis | | | | |
| 203 | HME (Ehrlichia chaffeensis) IgM & IgG IFA | \$160.00 | 1 SST/ minimum volume 0.5mL serum | 86666 x2 |
| 206 | HGA (Anaplasma phagocytophilum) IgM & IgG IFA | \$160.00 | 1 SST/ minimum volume 0.5mL serum | 86666 x2 |
| 750 | HME (Ehrlichia chaffeensis) PCR - Serum | \$230.00 | 1 SST/ minimum volume 2mL serum | 87798 |
| 755 | HGA (Anaplasma phagocytophilum) PCR - Serum | \$230.00 | 1 SST/ minimum volume 2mL serum | 87798 |
| 770 | HME (Ehrlichia chaffeensis) PCR – Whole Blood | \$230.00 | 1 Full EDTA | 87798 |
| 775 | HGA (Anaplasma phagocytophilum) PCR – Whole Blood | \$230.00 | 1 Full EDTA | 87798 |
| 780 | HME (Ehrlichia chaffeensis) PCR – Urine | \$230.00 | Urine – BD Gray Top/ 4mL x2 | 87798 |
| 785 | HGA (Anaplasma phagocytophilum) PCR – Urine | \$230.00 | Urine – BD Gray Top/ 4mL x2 | 87798 |
| 1500C | Ehrlichia and Anaplasma cePCR (Culture enhanced) | \$960.00 | 1 Full EDTA | 87999, 87798 x2 |
| ▶ RICKETTSIOSIS | | | | |
| 965 | R. rickettsii & R. typhi IgG IFA | \$160.00 | 1 SST/ minimum volume 0.5mL serum | 86757 x2 |
| 970 | Rickettsia PCR Panel – Urine | \$230.00 | Urine – BD Gray Top/ 4mL x2 | 87798 |
| 998 | Rickettsia PCR Panel – Whole Blood | \$230.00 | 1 Full EDTA | 87798 x2 |
| 1600C | Rickettsia cePCR (Culture enhanced) | \$730.00 | 1 Full EDTA | 00000, 87798 x2 |
| ▶ CENTRAL NERVOUS SYSTEM | | | | |
| 281 | B. henselae PCR – CSF | \$265.00 | 2mL CSF | 87471 |
| 459 | Lyme Multiplex PCR – CSF | \$265.00 | 2mL CSF | 87801 x2 |
| 565 | TBRF and B. burgdorferi sensu lato real-time PCR – CSF | \$265.00 | 2mL CSF | 87798 x3 |
| 986 | Rickettsia PCR Panel – CSF | \$230.00 | 2mL CSF | 87798 x2 |

◆ ACUDART HEALTH, INC.

*Lyme Broad Coverage Ab Assay

*TBRF Broad Coverage Ab Assay

*TBD Broad Coverage Ab Assay Panel

*Babesiosis Broad Coverage Ab Assay

*Bartonellosis Broad Coverage Ab Assay

Please visit www.acudarthealth.com to order Board Coverage Ab Assay test(s)/panel.
Specimen Requirement: Dried Blood Spots (DBS)