TEST REQUISITION FORM
(Domestic Use Only)

IGeneX Inc.

Lab Use Only

556 Gibraltar Drive | Milpitas | CA 95035 - 6315 | T: (800) 832-3200 | F: (408) 935-8272 | www.igenex.com
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 (Please Print Clearly)

Visit www.igenex.com for the most up-to-date billing and payment information.

Last Name	First Name		Middle Initial
Mailing Address	City	State	Zip
Telephone / Email	Gender ☐ Female ☐ Male		Date of Birth *(MM-DD-YYYY)*

BILLING INFORMATION – Please select one of the following payment methods (REQUIRED):

Please note, IGeneX, Inc. does not bill Health Insurance Providers, Medi-Cal or Medicaid.

☐ **YES, I have Medicare – Medical (Part B) Coverage**

MBI (Medicare Number): _____

- Please attach a copy of your Medicare Card
- Review Medicare paperwork included in specimen collection kit
- Please complete and sign the attached ***Medicare Patient Insurance Information Form***

☐ **NO, I do not have Medicare – Medical (Part B) Coverage**

☐ **Check Number:** _____

☐ **Credit Card: Visa, MasterCard, Discover or American Express ONLY**

We DO NOT accept Healthcare Financing CareCredit or Credit Cards.

Credit Card Number:	
Card Holder's Name:	
Expiration Date (*MM/YYYY*):	**Billing Zip Code:**

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. I understand I am responsible for submitting my own insurance claim. As a Medicare patient, I am also aware that I am responsible for payment to IGeneX, Inc. if Medicare denies payment.

SIGN and DATE HERE
Required to process test(s)

_____ **PATIENT or RESPONSIBLE PARTY'S SIGNATURE** _____ **TODAY'S DATE**

Please charge my credit card for additional test(s) requested by my Referring Physician: ☐ **YES** ☐ **NO**

REFERRING PHYSICIAN/LABORATORY INFORMATION (Please Print Clearly)

Physician/Laboratory	Credentials	**BILL CLIENT:** ☐ **Referring Physician** ☐ **Drawing Laboratory** *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.*	
Primary Practice Address	City	State	Zip
Telephone / Fax Number	UPIN	**NPI (Required)**	
Email	**ICD Codes (Required):** *Please provide all applicable ICD code(s) for test(s) ordered.* _____ ; _____ ; _____ ; _____ ; _____		

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** _____ **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

Visit www.igenex.com for specimen shipping and handling information.

Laboratory	Main Contact	Telephone	Fax Number
Street Address	City	State	Zip
Specimen Collection Performed By:	Collection Date: *(MM-DD-YYYY)*	**Send copy of test results?** ☐ **YES** ☐ **NO**	**Charged for venipuncture Fee?** ☐ **YES** ☐ **NO**

SPECIMEN INFORMATION

Reminder: Patient's Last Name, First Name, Collection Date and Date of Birth must be on tube labels.

☐ SERUM (SST)	Collection Date: _____ / _____ / _____	Storage: ☐ Room Temp ☐ Refrigerator ☐ Freezer
☐ WHOLE BLOOD (EDTA) #1	Collection Date: _____ / _____ / _____	Storage: ☐ Room Temp ☐ Refrigerator ☐ Freezer
☐ WHOLE BLOOD (EDTA) #2	Collection Date: _____ / _____ / _____	Storage: ☐ Room Temp ☐ Refrigerator ☐ Freezer
☐ WHOLE BLOOD (HEPARIN)	Collection Date: _____ / _____ / _____	Storage: ☐ Room Temp ☐ Refrigerator ☐ Freezer
☐ URINE Sample #1	Collection Date: _____ / _____ / _____	Storage: ☐ Room Temp ☐ Refrigerator ☐ Freezer
☐ URINE Sample #2	Collection Date: _____ / _____ / _____	Storage: ☐ Room Temp ☐ Refrigerator ☐ Freezer
☐ URINE Sample #3	Collection Date: _____ / _____ / _____	Storage: ☐ Room Temp ☐ Refrigerator ☐ Freezer
☐ MISCELLANEOUS Collection Date: _____ Type: _____	Preservative: _____	Storage: ☐ Room Temp ☐ Refrigerator ☐ Freezer

*Test/Panels are not yet available for NY Residents

BD-F-018v20 08-18-2025

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)

☐ **IB1L Lyme ImmunoBlot Panel 1 S** 1SST **$490.50**
Lyme Screen Immunoassay IgM & IgG, Lyme IB IgM & IgG

☐ **IB3L Lyme ImmunoBlot Panel 3 S** 1SST, 1EDTA **$752.50**
Lyme Screen Immunoassay IgM & IgG, Lyme IB IgM & IgG
Lyme PCR: serum & whole blood

☐ ***IB4L Lyme ImmunoBlot Panel 4** 1SST, 1EDTA, 1Heparin **$1,025.50**
Lyme Screen Immunoassay IgM & IgG, Lyme IB IgM & IgG, Lyme IGXSpot
Lyme PCR: serum & whole blood
Heparin Tube: Must be received within 48 hours of collection at room temperature

☐ **LPCR1 Lyme Multiplex PCR Panel 1** 1SST, 1EDTA **$371.00**
Lyme Multiplex PCR: serum & whole blood

TICK BORNE RELAPSING FEVER (TBRF) PANELS (Borrelia)

☐ **TBRF1 TBRF Panel 1 S** 1SST, 1EDTA **$686.00**
TBRF IB IgM & IgG, TBRF PCR: serum & whole blood

☐ **TBRF2 TBRF Panel 2** 1SST, 1EDTA **$371.00**
TBRF PCR: serum & whole blood

BORRELIOSIS PANELS (combinations of Lyme & TBRF testing)

☐ **LTP1L Lyme/TBRF Panel 1 S** 1SST **$895.50**
Lyme Screen Immunoassay IgM & IgG
ImmunoBlot (IgM & IgG): Lyme, TBRF

☐ **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

☐ **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)

☐ **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

☐ ***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

☐ ***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

☐ ***TBD7 Tick-Borne Disease Panel 7** URINE **$495.00**
PCR with urine:
Lyme, TBRF, Babesia, B. henselae, HME, HGA, Rickettsia

☐ **TBD8IBL Tick-Borne Disease Panel 8BL S** 1SST, 1EDTA **$1,816.50**
FISH: Babesia
IFA (IgM & IgG): HME, HGA, R. rickettsii/typhi IgG
Lyme Screen Immunoassay IgM & IgG
ImmunoBlot (IgM & IgG): Lyme, TBRF, Babesia, Bartonella

☐ **TBD9IBL Tick-Borne Disease Panel 9BL S** 1SST, 1EDTA **$2,033.50**
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

☐ **TBD10IBL Tick-Borne Disease Panel 10BL S** 2SST, 2EDTA **$3,363.50**
FISH: Babesia
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
PCR-Whole Blood: Babesia, B. henselae, HME, HGA, Rickettsia
Only R. rickettsii will be reported for NY residents in Rickettsia PCR

☐ ***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)

☐ **CP5 Co-Infection Panel 5** 1SST, 1EDTA **$816.00**
IFA (IgM & IgG): B. microti, HME, HGA, B. henselae, R. rickettsii/typhi IgG
FISH: Babesia

☐ **CP7IB Co-Infection Panel 7IB** 1SST, 1EDTA **$1,104.00**
IFA (IgM & IgG): HME, HGA, R. rickettsii/typhi IgG
ImmunoBlot (IgM & IgG): Babesia, Bartonella

☐ ***CP8IB Co-Infection Panel 8IB** 1SST, 1EDTA **$1,456.00**
Panel includes: CP7IB Panel + #640 Babesia FISH + #289 Bartonella FISH

☐ **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
Only R. rickettsii will be reported for NY residents in Rickettsia PCR
FISH: Babesia

☐ **CP11 Co-Infection Panel 11** 1EDTA **$920.00**
PCR with whole blood:
Babesia, B. henselae, HME, HGA, Rickettsia
Only R. rickettsii will be reported for NY residents in Rickettsia PCR

BABESIOSIS PANELS

☐ **BAB2B Babesia Panel 2B** 1SST, 1EDTA **$765.00**
Babesia ImmunoBlot IgM & IgG, Babesia PCR, Babesia FISH

BARTONELLOSIS PANELS

☐ ***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

☐ ***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

☐ ***BART4I Bartonella Panel 4I** 1SST, 1EDTA **$765.00**
Bartonella ImmunoBlot IgM & IgG, B. henselae PCR, Bartonella FISH

EHRLICHIOSIS PANEL

☐ **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

☐ **RP1 Rickettsiosis Panel 1** 1SST, 1EDTA **$331.50**
Rickettsia rickettsii/typhi IFA IgG, Rickettsia PCR
Only R. rickettsii will be reported for NY residents in Rickettsia PCR

cePCR TEST PANELS (culture enhanced PCR)

☐ ***CEBOR Borreliosis cePCR Test Panel** 1EDTA **$875.50**
Culture
cePCR: Lyme, RFB & Bbsl

☐ ***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 Must be received within 48 hours of collection at RT	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/ Must be ordered in conjunction with Test 325 – Lyme IB IgM	84182, 86609 x4
*395	Lyme ImmunoBlot IgG Speciation	$100.00	1 SST/ Must be ordered in conjunction with Test 335 – Lyme IB IgG	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 ABN required in advance for all Medicare beneficiaries	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/ Must be ordered in conjunction with Test 345 – TBRF IB IgM	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/ Must be ordered in conjunction with Test 355 – TBRF IB IgG	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 ABN required in advance for all Medicare beneficiaries	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 ABN required in advance for all Medicare beneficiaries	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 Must be received within 48 hours of collection at RT	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 ABN required in advance for all Medicare beneficiaries	87999, 87471
▶ EHRLICHOSIS				
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 ABN required in advance for all Medicare beneficiaries	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 Only R. rickettsia will be reported for NY residents	87798 x2
*1600C	Rickettsia cePCR (Culture enhanced)	$730.00	1 Full EDTA ABN required in advance for all Medicare beneficiaries	87999, 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 Only R. rickettsia will be reported for NY residents	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)

*Test/Panels are not yet available for NY Residents