

Tick-Borne Diseases Test Requisition

Submitter

Physician: _____

Address: _____

Telephone: _____

FAX: _____

Patient

(Information Required-Please Print)

Name: _____

Address: _____

DOB: ____/____/____ Sex: ____

Hosp Rec. # _____

Specimen Information

Date of Collection Serum / CSF / Synovial Fluid / EDTA

____/____/____ _____

____/____/____ _____

____/____/____ _____

Clinical Information (Optional)

Test Requested

Tick-Borne Disease (TBD-4)

Lyme Antibody Capture, *B. microti* and *Anaplasma phagocytophilum* PCR and Human Monocytic Ehrlichia PCR (EDTA)

Tick-Borne Disease (TBD-3)

Lyme Antibody Capture, *B. microti* and *Anaplasma phagocytophilum* PCR (EDTA)

Lyme Antibody Analysis

Serology (Serum / CSF / Synovial Fluid)

Lyme

PCR (CSF / Synovial Fluid / EDTA)

Babesia microti

Serology (Serum)

Babesia microti

PCR (EDTA)

Anaplasma phagocytophilum

Serology (Serum)

Anaplasma phagocytophilum

PCR (EDTA)

Human Monocytic Ehrlichia

Serology (Serum)

Human Monocytic Ehrlichia

PCR (EDTA)

Francisella tularensis

Serology (Serum)