

Tick-Borne Diseases Test Requisition

Physician: _____

Address: _____

Telephone: _____

FAX: _____

Patient (Information Required-Please Print)

Name: _____

Address: _____

Phone: _____

DOB: ____/____/____ Sex: ____

Hosp Rec. # _____

Soc Security # _____

Specimen Information

Date of Collection Serum / CSF / Synovial Fluid / EDTA

____/____/____ _____

____/____/____ _____

Medicare/Private Insurance

Medicare #: _____

Medicare: Primary _____ Secondary _____

Ins Co Name: _____

Claim Address: _____

Policy Holder Name: _____

Patient Relationship: Self _____ Spouse _____ Child _____

Patient Status: Single _____ Married _____ Other _____
Employed _____ Student _____

Certificate #: _____

Group #: _____

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)