



556 Gibraltar Drive
 Milpitas, CA 95035
 T: (800) 832-3200
 F: (408) 935-8272

www.igenex.com

Laboratory Director: Jyotsna S. Shah, Ph.D.

CLIA: 05D0643914
 CALIFORNIA: CLF 4033
 NPI: 1396837605

REFERRING PHYSICIAN

TEST DOCTOR

TEST PATIENT

DOB:
Gender:
Accession:
Patient ID:

Collected:
 Received:
 Reported:
 Reprinted:
 Amended:
 Corrected:

BABESIOSIS

TEST	SPECIMEN	RESULT	REFERENCE RANGE	UNITS
Babesia PCR				
B. microti	W blood	Negative		
B. duncani	W blood	Negative		

BARTONELLOSIS

B. henselae PCR	W blood	Negative		
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ANAPLASMOSIS

HGA(A. phagocytophilum) PCR				
HGA PCR	W blood	Negative		

EHRlichiosis

HME(Ehrlichia chaffeensis) PCR				
HME PCR	W blood	Negative		

RICKETTSIOSIS

Rickettsia rickettsii and felis/typhi PCR				
Rickettsia rickettsii	W blood	Negative		
Rickettsia felis/typhi	W blood	Negative		

Testing performed at IGeneX 556 Gibraltar Drive Milpitas CA 95035 (800) 832-3200

Diagnosis should not be based on laboratory results alone. Results should be interpreted in conjunction with clinical symptoms and patient history.

NOTE: Western Blots, ImmunoBlots, Lyme Dot Blot, Epitope, PCR, IFA, FISH, C. pneumoniae IgG/IgA, CD57, IGXSpot, Broad Coverage Antibody, COVID-19 Test - These tests were developed and their performance characteristics determined by IGeneX, Inc. They have not been cleared or approved by the FDA. The FDA has determined that such approval is not necessary. These tests are used for clinical purposes and should not be regarded as investigational or for research. IGeneX, Inc. is licensed by CMS and NYS to perform high complexity clinical laboratory testing.