



TEST REQUISITION FORM

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 – Patient Information Section, Patient Prepayment, and Patient/Responsible party's signature.
- PHYSICIAN – Referring Physician Section and Physician's signature.

PATIENT INFORMATION			
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 <input type="checkbox"/> Female <input type="checkbox"/> 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.	
<input type="checkbox"/> YES, I have Medicare – Medical (Part B) Coverage Medicare Number: _____ <ul style="list-style-type: none"> • Please attach a copy of your Medicare Card • Review Medicare paperwork included in specimen collection kit • Please complete and sign the attached <u>Medicare Patient Insurance Information Form</u> 	<input type="checkbox"/> Check Number: _____ <input type="checkbox"/> 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: _____
<input type="checkbox"/> NO, I do not have Medicare – Medical (Part B) Coverage	

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 HERE:
Required to process test(s)

PATIENT or RESPONSIBLE PARTY'S SIGNATURE (REQUIRED)

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

REFERRING PHYSICIAN INFORMATION			
Physician/Laboratory	Title	Client Agreement on file (required) – Please Bill: <input type="checkbox"/> Referring Physician <input type="checkbox"/> Drawing Laboratory	
Primary Practice Address	City	State	Zip
Telephone	Fax Number	UPIN	NPI (Required)
Email	DX Codes (Required): Please provide all possible diagnosis codes if ordering for more than one disease. _____ ; _____ ; _____ ; _____ ; _____		

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 HERE:
Required to process test(s)

REFERRING PHYSICIAN'S SIGNATURE (REQUIRED)

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
Venipuncture – Performed By:	Draw Date: (MM-DD-YYYY)	Send copy of test results? <input type="checkbox"/> YES <input type="checkbox"/> NO	Charged for venipuncture Fee? <input type="checkbox"/> YES <input type="checkbox"/> NO

SPECIMEN INFORMATION		
Reminder: Patient's Last Name, First Name, Collection Date and Date of Birth must be on tube labels.		
<input type="checkbox"/> SERUM (SST) <input type="checkbox"/> WHOLE BLOOD (EDTA) #1 <input type="checkbox"/> WHOLE BLOOD (EDTA) #2 <input type="checkbox"/> WHOLE BLOOD (HEPARIN) <input type="checkbox"/> URINE Sample #1 <input type="checkbox"/> URINE Sample #2 <input type="checkbox"/> URINE Sample #3 <input type="checkbox"/> MISCELLANEOUS Collection Date: _____ Type: _____ Preservative: _____	Collection Date: _____ / _____ / _____ Collection Date: _____ / _____ / _____ Collection Date: _____ / _____ / _____ Collection Date: _____ / _____ / _____ Collection Date: _____ / _____ / _____ Collection Date: _____ / _____ / _____ Collection Date: _____ / _____ / _____	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer

PANELS

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

Patient Information (required)

Name (Last, First, Middle)

Date of Birth (MM-DD-YYYY)

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

LYME PANELS (Borrelia burgdorferi)			
<input type="checkbox"/>	LPA Lyme Panel A	1SST, 1EDTA	\$546.00
Lyme WB IgM & IgG, Lyme PCR: serum & whole blood			
<input type="checkbox"/>	IB1 Lyme ImmunoBlot Panel 1	1SST	\$490.50
Lyme IgG/IgM/IgA Screen, Lyme IB IgM & IgG For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM			
<input type="checkbox"/>	IB2 Lyme ImmunoBlot Panel 2	1SST, 1EDTA	\$686.00
Lyme IB IgM & IgG, Lyme PCR: serum & whole blood			
<input type="checkbox"/>	IB3 Lyme ImmunoBlot Panel 3	1SST, 1EDTA	\$752.50
Panel includes: IB2 Panel + #230 Lyme IgG/IgM/IgA Screen For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM			
<input type="checkbox"/>	*IB4 Lyme ImmunoBlot Panel 4	1SST, 1EDTA, 1Heparin	\$892.50
Panel includes: IB2 Panel + #300 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			
<input type="checkbox"/>	*LU1 Lyme Urine Panel 1	Urine (3)	\$468.00
#805 Lyme Dot Blot Assay (3-samples), #465 PCR (pooled samples)			
TICK BORNE RELAPSING FEVER (TBRF) PANELS (Borrelia)			
<input type="checkbox"/>	TBRF1 TBRF Panel 1	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"/>	LTP1 Lyme/TBRF Panel 1	1SST	\$895.50
Lyme: IgG/IgM/IgA Screen, IB IgM & IgG TBRF: IB IgM & IgG For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM			
<input type="checkbox"/>	LTP2 Lyme/TBRF Panel 2	1SST, 1EDTA	\$991.25
Lyme: IgG/IgM/IgA Screen, IB IgM & IgG, PCR serum & whole blood TBRF: IB IgM & IgG For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM			
<input type="checkbox"/>	LTP3 Lyme/TBRF Panel 3	1SST, 1EDTA	\$1,335.75
Lyme: IgG/IgM/IgA Screen, IB IgM & IgG, PCR serum & whole blood TBRF: IB IgM & IgG, PCR serum & whole blood For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM			
TICK BORNE DISEASE PANELS (combines: Lyme, TBRF, Babesia, HME, HGA, Bartonella & Rickettsia)			
<input type="checkbox"/>	*TBD1 Tick Borne Disease Panel 1	1SST, 1EDTA	\$1,346.25
Lyme: IgG/IgM/IgA Screen, IB IgM & IgG TBRF: IB IgM & IgG IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, B. henselae			
<input type="checkbox"/>	*TBD2 Tick Borne Disease Panel 2	1SST, 1EDTA	\$1,739.50
Lyme: IgG/IgM/IgA Screen, IB IgM & IgG, PCR serum & whole blood TBRF: IB IgM & IgG IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, B. henselae, R. rickettsii/typhi			
<input type="checkbox"/>	*TBD3 Tick Borne Disease Panel 3	1SST, 1EDTA	\$2,418.50
Panel includes: LTP3 Panel + *CP6 Panel			
<input type="checkbox"/>	*TBD4 Tick Borne Disease Panel 4	1SST, 1EDTA	\$1,571.50
Lyme: IgG/IgM/IgA Screen, IB IgM & IgG TBRF: IB IgM & IgG IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, R. rickettsii/typhi IgG Bartonella Western Blot IgM & IgG			
<input type="checkbox"/>	*TBD5 Tick Borne Disease Panel 5	1SST, 1EDTA	\$1,942.50
Lyme: IgG/IgM/IgA Screen, IB IgM & IgG, PCR serum & whole blood TBRF: IB IgM & IgG IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, R. rickettsii/typhi IgG Bartonella Western Blot IgM & IgG			
<input type="checkbox"/>	*TBD6 Tick Borne Disease Panel 6	1SST, 1EDTA	\$2,621.50
Lyme: IgG/IgM/IgA Screen, IB IgM & IgG, PCR serum & whole blood TBRF: IB IgM & IgG, PCR serum & whole blood IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, R. rickettsii/typhi IgG FISH: Babesia & Bartonella Bartonella Western Blot IgM & IgG			

<input type="checkbox"/>	*TBD7 Tick Borne Disease Panel 7	URINE	\$495.00
Real-time PCR with urine: Lyme #450, TBRF #559, Babesia, Bartonella, HME, HGA, Rickettsia			
CO-INFECTION PANELS (combines: Babesia, HME, HGA, Bartonella, Rickettsia)			
<input type="checkbox"/>	*CP1 Co-Infection Panel 1	1SST, 1EDTA	\$816.00
IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, B. henselae, R. rickettsii/typhi IgG			
<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"/>	*CP6 Co-Infection Panel 6	1SST, 1EDTA	\$1,120.00
IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, B. henselae, R. rickettsii/typhi IgG FISH: Babesia & Bartonella			
<input type="checkbox"/>	*CP7 Co-Infection Panel 7	1SST, 1EDTA	\$1,000.00
IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, R. rickettsii/typhi IgG Bartonella Western Blot IgM & IgG			
<input type="checkbox"/>	*CP8 Co-Infection Panel 8	1SST, 1EDTA	\$1,352.00
Panel includes: CP7 Panel + #640 Babesia FISH + #289 Bartonella FISH			
<input type="checkbox"/>	*CP9 Co-Infection Panel 9	1SST, 1EDTA	\$2,272.00
IFA (IgM & IgG): B. microti, B. duncani, HME, HGA, R. rickettsii/typhi IgG PCR-Whole Blood: Babesia, Bartonella, HME, HGA, Rickettsia FISH: Babesia & Bartonella Bartonella Western Blot IgM & IgG			
<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, Bartonella, HME, HGA, Rickettsia Only R. rickettsii will be reported for NY resident in Rickettsia PCR FISH: Babesia			
BABESIOSIS PANELS			
<input type="checkbox"/>	BAB1 Babesia Panel 1	1SST, 1EDTA	\$518.50
B. microti IgM & IgG IFA, Babesia PCR, Babesia FISH			
<input type="checkbox"/>	*BAB2 Babesia Panel 2	1SST, 1EDTA	\$654.50
Panel includes: BAB1 Panel + #720 B. duncani IgM & IgG IFA			
BARTONELLOSIS PANELS			
<input type="checkbox"/>	*BART1 Bartonella Panel 1	1SST, 1EDTA	\$518.50
B. henselae IgM & IgG IFA, Bartonella PCR, Bartonella FISH			
<input type="checkbox"/>	*BART2 Bartonella Panel 2	1SST, 1EDTA, 1Heparin	\$558.75
Bartonella IgXSpot, Bartonella Western Blot IgM & IgG			
<input type="checkbox"/>	*BART3 Bartonella Panel 3	1SST, 1EDTA, 1Heparin	\$896.25
Panel includes: BART2 Panel + Bartonella PCR, Bartonella FISH			
<input type="checkbox"/>	*BART4 Bartonella Panel 4	1SST, 1EDTA	\$675.00
Bartonella Western Blot IgM & IgG, Bartonella 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
#965 Rickettsia rickettsii/typhi IgG + #998 Rickettsia PCR Only R. rickettsii will be reported for NY resident in Rickettsia PCR			
CENTRAL NERVOUS SYSTEM PANEL			
<input type="checkbox"/>	*CSF1 CSF Panel 1	CSF	\$500.00
#810 Lyme Dot Blot + #459 Lyme PCR + #565 TBRF PCR			
IgXSpot PANEL			
<input type="checkbox"/>	*IGXSP IgXSpot Panel 1	1Heparin	\$442.50
#300 Lyme IgXSpot + #350 Bartonella IgXSpot Heparin Tube: Must be received within 48 hours of collection at room temperature			

NEW

INDIVIDUAL TESTS

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

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

TEST CODE	TEST NAME	PREPAY PRICE	TUBE(S)/SPECIMEN REQUIREMENTS	CPT CODES
▶ IMMUNOLOGY				
*275	CD57	\$155.00	1 Full EDTA Must be received within 48 hours of collection at RT	86356
*295	C. pneumoniae IgG	\$85.00	1 SST/ minimum volume 0.5mL serum	86631
*296	C. pneumoniae IgA	\$85.00	1 SST/ minimum volume 0.5mL serum	86631
▶ LYME (Borrelia burgdorferi)				
*601	Broad Coverage Lyme Ab Assay (NEW)	\$195.00	1 SST/ minimum volume 0.5mL serum	0042U
*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	86618
*385	Lyme ImmunoBlot IgM Speciation	\$100.00	1 SST/ Must be ordered in conjunction with Test 325 – Lyme IB IgM	86617, 86609 x4
335	Lyme ImmunoBlot IgG	\$225.00	1 SST/ minimum volume 0.5mL serum	86618
*395	Lyme ImmunoBlot IgG Speciation	\$100.00	1 SST/ Must be ordered in conjunction with Test 335 – Lyme IB IgG	86617, 86609 x4
*230	Lyme IgG/IgM/IgA Screen	\$95.00	1 SST/ minimum volume 0.5mL serum	87300
183	Lyme Serology IgG/IgM	\$95.00	1 SST/ minimum volume 0.5mL serum	87450
195	Lyme Serology IgM	\$95.00	1 SST/ minimum volume 0.5mL serum	87450
170	C6 Peptide	\$120.00	1 SST/ minimum volume 0.5mL serum	87450
188	Lyme Western Blot IgM	\$125.00	1 SST/ minimum volume 0.5mL serum	86617
189	Lyme Western Blot IgG	\$125.00	1 SST/ minimum volume 0.5mL serum	86617
*488	31 kDa Epitope IgM	\$125.00	Qualified sample previously tested by Lyme Western Blot IgM	86617
*489	31 kDa Epitope IgG	\$125.00	Qualified sample previously tested by Lyme Western Blot IgM	86617
*800	Lyme Dot Blot (1 sample)	\$85.00	Urine – BD Gray Top/ 4mL x2	87449
*802	Lyme Dot Blot (2 samples)	\$170.00	Urine – BD Gray Top/ 4mL x4 (2 tubes per collection day)	87449 x2
*805	Lyme Dot Blot (3 samples)	\$255.00	Urine – BD Gray Top/ 4mL x6 (2 tubes per collection day)	87449 x3
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
465	Lyme Multiplex PCR – Urine (pooled)	\$265.00	Urine – BD Gray Top/ 4mL x6 (2 tubes per collection day)	87801 x2
*462	Lyme Multiplex PCR – Miscellaneous	\$295.00	2-3 cm/tissue, or 3mL/fluid	87801 x2
▶ TICK BORNE RELAPSING FEVER (TBRF) – Borrelia				
*602	Broad Coverage TBRF Borrelia Ab Assay (NEW)	\$195.00	1 SST/ minimum volume 0.5mL serum	0044U
*585	TBRF Western Blot IgM	\$175.00	1 SST/ minimum volume 0.5mL serum	86619
*595	TBRF Western Blot IgG	\$175.00	1 SST/ minimum volume 0.5mL serum	86619
345	TBRF ImmunoBlot IgM	\$225.00	1 SST/ minimum volume 0.5mL serum	86318
346	TBRF ImmunoBlot IgM Speciation	\$100.00	1 SST/ Must be ordered in conjunction with Test 345 – TBRF IB IgM	86619, 86609 x3
355	TBRF ImmunoBlot IgG	\$225.00	1 SST/ minimum volume 0.5mL serum	86318
356	TBRF ImmunoBlot IgG Speciation	\$100.00	1 SST/ Must be ordered in conjunction with Test 355 – TBRF IB IgG	86619, 86609 x3
<i>TBRF and B. burgdorferi sensu lato real-time PCR</i>				
556	TBRF PCR – Whole Blood	\$265.00	1 Full EDTA	87798 x3
573	TBRF PCR – Serum	\$265.00	1 SST/ minimum volume 2mL serum	87798 x3
559	TBRF PCR – Urine	\$265.00	Urine – BD Gray Top/ 4mL x2	87798 x3
562	TBRF PCR – Urine (pooled)	\$265.00	Urine – BD Gray Top/ 4mL x6 (2 tubes per collection day)	87798 x3
*568	TBRF PCR – Miscellaneous	\$295.00	2-3 cm/tissue, or 3mL/fluid	87798 x3
▶ BABESIOSIS				
200	B. microti IgM & IgG IFA	\$160.00	1 SST/ minimum volume 0.5mL serum	86753 x2
*720	B. duncani IgM & IgG IFA	\$160.00	1 SST/ minimum volume 0.5mL serum	86753, 87299
640	Babesia FISH	\$220.00	1 Full EDTA – do not freeze	88365
663	Babesia PCR – Whole Blood	\$230.00	1 Full EDTA	87797, 87798 x2
*665	Babesia PCR – Urine (NEW)	\$230.00	Urine – BD Gray Top/ 4mL x2	87797, 87798
▶ BARTONELLOSIS				
*350	Bartonella IgXSpot	\$295.00	1 Full Heparin Must be received within 48 hours of collection at RT	86352
*351	Bartonella WB IgM (report 4 species)	\$225.00	1 SST/ minimum volume 0.5mL serum	86611 x2, 86317 x3
*352	Bartonella WB IgG (report 4 species)	\$225.00	1 SST/ minimum volume 0.5mL serum	86611 x2, 86317 x3
285	B. henselae IgM & IgG IFA	\$160.00	1 SST/ minimum volume 0.5mL serum	87300, 87450
*289	Bartonella FISH	\$220.00	1 Full EDTA – do not freeze	88365
280	Bartonella PCR	\$230.00	1 Full EDTA	87471
*282	Bartonella PCR – Urine (NEW)	\$230.00	Urine – BD Gray Top/ 4mL x2	87471
▶ EHRlichiosis				
203	HME (Ehrlichia chaffeensis) IgM & IgG IFA	\$160.00	1 SST/ minimum volume 0.5mL serum	86666 x2
750	HME (Ehrlichia chaffeensis) PCR – Serum (NEW)	\$230.00	1 SST/ minimum volume 2mL serum	87797, 87798
770	HME (Ehrlichia chaffeensis) PCR – Whole Blood	\$230.00	1 Full EDTA	87797, 87798
*780	HME (Ehrlichia chaffeensis) PCR – Urine (NEW)	\$230.00	Urine – BD Gray Top/ 4mL x2	87797
206	HGA (Anaplasma phagocytophilum) IgM & IgG IFA	\$160.00	1 SST/ minimum volume 0.5mL serum	86666 x2
755	HGA (Anaplasma phagocytophilum) PCR – Serum (NEW)	\$230.00	1 SST/ minimum volume 2mL serum	87797, 87798
775	HGA (Anaplasma phagocytophilum) PCR – Whole Blood	\$230.00	1 Full EDTA	87797, 87798
*785	HGA (Anaplasma phagocytophilum) PCR – Urine (NEW)	\$230.00	Urine – BD Gray Top/ 4mL x2	87798
▶ RICKETTSIOSIS				
965	R. rickettsii & R. typhi IgG IFA	\$160.00	1 SST/ minimum volume 0.5mL serum	86757 x2
*970	Rickettsia PCR Panel – Urine (NEW)	\$230.00	Urine – BD Gray Top/ 4mL x2	87797, 87798
998	Rickettsia PCR Panel – Whole Blood	\$230.00	1 Full EDTA	87797, 87798 x2
Only R. rickettsii will be reported for NY resident in Rickettsia PCR Panel				
▶ CENTRAL NERVOUS SYSTEM				
*810	Lyme Dot Blot – CSF	\$95.00	2mL CSF	87449
459	Lyme Multiplex PCR – CSF	\$265.00	2mL CSF	87801 x2
*565	TBRF PCR – CSF	\$265.00	2mL CSF	87798 x3
281	B. henselae PCR – CSF	\$265.00	2mL CSF	87471
986	Rickettsia PCR Panel – CSF	\$230.00	2mL CSF	87797, 87798 x2
Only R. rickettsii will be reported for NY resident in Rickettsia PCR Panel				