TICK TEST REQUEST FORM

BD-F-021 REV. 001 03-05-2019

Office Use Only

IGeneX Inc.
556 Gibraltar Drive | Milpitas | CA 95035 | T: (800) 832-3200 | F: (650) 424-1196 | www.igenex.com
CLIA#: 05D0643914 • NPI: 1396837605 • CA License: CLF4033 • Federal Tax ID: 94-3147701

Directions to send tick(s) for testing:

- Tick(s) can be sent alive or dead for PCR testing
- Please DO NOT preserve the tick
- Place ticks (up to 20) in a small plastic tube or sealed plastic bag and enclose in an envelope or package suitable for mailing/shipping. (Please mark front of envelope or package with "TT")
- Complete the lower portion of this form
- Please send the tick by FedEx, UPS, or US Mail
- Please ship or mail your tick and completed Tick Test Requisition Form to:

IGeneX, Inc. - Specimen Processing Dept.
556 Gibraltar Drive
Milpitas, CA 95035, USA

For multiple Ticks: Up to 20 ticks will be tested together at one time unless indicated otherwise, if ticks are tested separately, the charge is per tick. **Please test my ticks separately ❑ Yes

Please note:

- IGeneX does not "TYPE" or determine the species of the tick(s). If you wish to "TYPE" your tick(s), please contact your local Vector Control Center
- Once your tick(s) have been processed, the tick cannot be returned to you
- Ticks are NOT a clinical sample and will not be reimbursed by most Healthcare Insurance Providers

Please indicate the desired Tick Test(s) to perform		Prepay Price (in US dollars)
❑ Test 140	Lyme Disease (*B. burgdorferi*)	$75.00
❑ Test 571	Relapsing Fever (Relapsing Fever *Borrelia*)	$75.00
❑ Test 148	Ehrlichiosis (*Ehrlichia* and/or *Anaplasma*)	$75.00
❑ Test 290	Bartonellosis (*Bartonella*)	$75.00
❑ Test 975	Rickettsiosis (*Rickettsia*)	$75.00
❑ Test 689	Babesiosis (*B. microti* and/or *B. duncani*)	$75.00

SENDER'S INFORMATION (Please Print)

First and Last Name			Contact Number
Street Address			City/Town
State/Province	Zip/Postal Code	Country	Email

By signing this document, I accept financial responsibility and am aware of the testing fees.

Please SIGN Here

Sender's Signature (Required)

If you would like result(s) faxed or called, please indicate below. Otherwise, result(s) will be mailed via USPS.

❑ Please contact me with completed tick test result(s) at: ( ) -

❑ Please fax completed tick test result(s) to: ( ) -

PAYMENT INFORMATION

❑ Check enclosed (payable to IGeneX, Inc.) Check#: _____

❑ Please charge my credit card for the above test(s): ❑ Visa ❑ MasterCard ❑ Discover ❑ American Express

Credit Card Number: _____ Expiration Date: _____ / _____

Cardholder's Signature: _____