

TEST REQUISITION FORM (International Use Only)

Pricing Update Effective October 16, 2017

Office
Use Only

795 San Antonio Road | Palo Alto | CA 94303-4801 | USA | T: (650) 424-1191 | F: (650) 424-1196 | www.igenex.com

Processing of tests 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				
Last Name		First Name		Middle Initial
Street Address			City/Town	
Province/State	Postal Code		Country	
Telephone	Email	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	

BILLING INFORMATION		
<input type="checkbox"/> Visa, MasterCard, Discover or American Express		
Credit Card Number	Expiration Date	Cardholder's Name

I accept financial responsibility and am aware of the testing fees by signing this document. I authorize the above credit card to be charged for services.

Please SIGN Here

Please Sign Here

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	Please Bill: <input type="checkbox"/> Referring Physician <input type="checkbox"/> Drawing Laboratory
Street Address		City/Town	
Province/State	Postal Code	Country	
Telephone	Fax Number	Email	

Only tests that are medically reasonable and necessary for the diagnosis or treatment of a Medicare patient will be reimbursed. The Office of "The 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.

Please SIGN Here

Physician's Signature Here

Physician's Signature (REQUIRED)

If signature is not available, please attach Physician's Prescription

DRAWING LABORATORY			
Laboratory		Venipuncture – Drawn By: _____	Draw Date: _____
Street Address		Telephone	Fax Number
City/Town	Province/State	Send copy of test results? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Country	Email	Charge for venipuncture Fee? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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

Please MARK Panel/Test(s) on page 2

Lyme Tests (*Borrelia burgdorferi*)

LPA	Lyme Panel A	1SST, 1EDTA	\$546.00
WB IgM, WB IgG, PCR serum, PCR w blood			
*IB1	Lyme ImmunoBlot Panel 1	1SST	\$490.50
Lyme IgG/IgM/IgA Screen, ImmunoBlot IgM, ImmunoBlot IgG			
*IB2	Lyme ImmunoBlot Panel 2	1SST, 1EDTA	\$686.00
ImmunoBlot IgM, ImmunoBlot IgG, PCR: serum, w blood			
*IB3	Lyme ImmunoBlot Panel 3	1SST, 1EDTA	\$752.50
Lyme IgG/IgM/IgA Screen, ImmunoBlot IgM, ImmunoBlot IgG, PCR: serum, w blood			
LPCR1	Lyme PCR Panel 1	1SST, 1EDTA	\$371.00
Lyme PCR: serum, w blood			
*LU1	Lyme Urine Panel 1	Urine (3)	\$468.00
Lyme Dot Blot Assay (3 sample), PCR (pooled samples)			

Code	Test Name	CPT	Tube	Price
*300	Lyme IGXSpot	86356	Heparin	295.00
Heparin tube: must be received within 48 hours of collection.				
*325	ImmunoBlot IgM	86617	SST	225.00
*335	ImmunoBlot IgG	86617	SST	225.00
*230	IgG/IgM/IgA Screen	86618	SST	95.00
183	Serology IgG/IgM	86618	SST	95.00
195	Serology IgM	86618	SST	95.00
170	C6 Peptide	86618	SST	120.00
188	Western Blot IgM	86617	SST	125.00
189	Western Blot IgG	86617	SST	125.00
*488	31kDa Epitope IgM	86617	Qualified sample previously tested by Western Blot	125.00
*489	31kDa Epitope IgG	86617	Qualified sample previously tested by Western Blot	125.00
*800	LDA (1 sample)	87449	Urine/BD Gray Top	85.00
*802	LDA (2 samples)	87449x2	Urine/BD Gray Top	170.00
*805	LDA (3 samples)	87449x3	Urine/BD Gray Top	255.00
450	PCR – urine	87800,87801	Urine/BD Gray Top	265.00
453	PCR – serum	87800,87801	SST	265.00
456	PCR – whole blood	87800,87801	EDTA	265.00
465	PCR – urine (pooled)	87800,87801	Urine/BD Gray Top	265.00
*462	PCR – miscellaneous	87800,87801	Tissue, breast milk, etc	295.00

Tick Borne Relapsing Fever - *Borrelia* (TBRF)

*TBRF1	TBRF Panel 1	1SST, 1EDTA	\$686.00
TBRF IB IgM, TBRF IB IgG, TBRF PCR: serum & w blood			
*TBRF2	TBRF Panel 2	1SST, 1EDTA	\$371.00
TBRF PCR serum, TBRF PCR w blood			

Code	Test Name	CPT	Tube	Price
*585	TBRF Western Blot IgM	86619	SST	175.00
*595	TBRF Western Blot IgG	86619	SST	175.00
*345	TBRF ImmunoBlot IgM	86619	SST	225.00
*355	TBRF ImmunoBlot IgG	86619	SST	225.00
PCR – TBRF and <i>B. burgdorferi</i> sensu lato real-time PCR				
*556	TBRF PCR – w blood	87800,87801	EDTA	265.00
*573	TBRF PCR – serum	87800,87801	SST	265.00
*559	TBRF PCR – urine	87800,87801	Urine/BD Gray Top	265.00
*562	TBRF PCR – pooled urine	87800,87801	Urine/BD Gray Top	265.00
*568	TBRF PCR – misc	87800,87801	Tissue, breast milk, etc	295.00

Central Nervous System

*CSF1	CSF Panel 1	CSF	\$500.00	
CSF: Lyme Dot Blot Assay, Lyme PCR, TBRF PCR				
*810	Lyme Dot Blot – CSF	87449	CSF	95.00
459	Lyme PCR – CSF	87800,87801	CSF	265.00
*565	TBRF PCR – CSF	87800,87801	CSF	265.00
281	<i>B. henselae</i> PCR – CSF	87471	CSF	265.00
986	Rickettsia PCR Panel– CSF	87797, 87798x2	CSF	230.00

Only *R. rickettsii* will be reported for NY resident in Rickettsia PCR Panel

Immunology Tests

*275	CD57	86356	EDTA	155.00
EDTA: must be received within 48 hours of collection.				
*295	<i>C. pneumoniae</i> IgG	86631	SST	85.00
*296	<i>C. pneumoniae</i> IgA	86631	SST	85.00

*Tests/Panels not available for NY Residents

All samples required for Panels must be received at the same time.

Borreliosis Panels – combines Lyme and TBRF testing

*LTP1	Lyme/TBRF Panel 1	1SST, 1EDTA	\$895.50
Lyme IgG/IgM/IgA Screen, Lyme IB IgM, Lyme IB IgG, TBRF IB IgM, TBRF IB IgG			
*LTP2	Lyme/TBRF Panel 2	1SST, 1EDTA	\$991.25
Lyme IgG/IgM/IgA Screen, Lyme IB IgM, Lyme IB IgG, Lyme PCR: serum, w blood, TBRF IB IgM, TBRF IB IgG			
*LTP3	Lyme/TBRF Panel 3	1SST, 1EDTA	\$1335.75
Lyme IgG/IgM/IgA Screen, Lyme IB IgM, Lyme IB IgG, Lyme PCR: serum, w blood, TBRF IB IgM, TBRF IB IgG, TBRF PCR: serum, w blood			

Co-Infection Panels – combines Babesia, Ehrlichia, Bartonella, Rickettsia

*TBD1	Tick Borne Disease Panel 1	1SST, 1EDTA	\$1346.25
Lyme IgG/IgM/IgA Screen, Lyme IB IgM & IgG, TBRF IB IgM & IgG, IgG & IgM IFA: <i>B. microti</i> , <i>B. duncani</i> , HME, HGA, Bartonella			
*CP1	Co-infection Panel 1	1SST, 1EDTA	\$816.00
IgG & IgM IFA: <i>B. microti</i> , <i>B. duncani</i> , HME, HGA, Bartonella, Rickettsia IgG			
*CP2	Co-infection Panel 2	1SST, 1EDTA	\$816.00
IgG & IgM IFA: <i>B. microti</i> , <i>B. duncani</i> , HME, HGA, Bartonella, and Babesia FISH			
*CP3	Co-infection Panel 3	1SST, 1EDTA	\$992.00
IgG & IgM IFA: <i>B. microti</i> , <i>B. duncani</i> , HME, HGA, Bartonella, and Babesia FISH, Bartonella FISH			
CP4	Co-infection Panel 4	1SST, 1EDTA	\$680.00
IgG & IgM IFA: <i>B. microti</i> , HME, HGA, Bartonella, Rickettsia IgG			
CP5	Co-infection Panel 5	1SST, 1EDTA	\$816.00
IgG & IgM IFA: <i>B. microti</i> , HME, HGA, Bartonella, Rickettsia IgG, and Babesia FISH			

Babesiosis

BAB1	Babesia Panel 1	1SST, 1EDTA	\$518.50
IgG & IgM IFA: <i>B. microti</i> , Babesia PCR, and Babesia FISH			
*BAB2	Babesia Panel 2	1SST, 1EDTA	\$654.50
IgG & IgM IFA: <i>B. microti</i> , <i>B. duncani</i> , Babesia PCR, and Babesia FISH			

Code	Test Name	CPT	Tube	Price
200	<i>B. microti</i> IgG/IgM IFA	86317x2	SST	160.00
*720	<i>B. duncani</i> IgG/IgM IFA	86317x2	SST	160.00
640	Babesia FISH	88365	EDTA	220.00
663	Babesia PCR	87797,87798x2	EDTA	230.00

Bartonellosis

*BART1	Bartonella Panel 1	1SST, 1EDTA	\$518.50
IgG & IgM IFA: <i>B. henselae</i> , Bartonella PCR, and Bartonella FISH			

Code	Test Name	CPT	Tube	Price
285	<i>B. henselae</i> IgG/IgM IFA	86611x2	SST	160.00
*289	Bartonella FISH	88365	EDTA	220.00
280	<i>B. henselae</i> PCR	87471	EDTA	230.00

Ehrlichiosis

EP1	Ehrlichia Panel 1	1SST, 1EDTA	\$663.00
IgG & IgM IFA: <i>E. chaffeensis</i> (HME), <i>A. phagocytophilum</i> (HGA) PCR: <i>E. chaffeensis</i> , <i>A. phagocytophilum</i>			

Code	Test Name	CPT	Tube	Price
203	HME IgG/IgM IFA	86666 x 2	SST	160.00
770	HME PCR	87797,87798	EDTA	230.00
206	HGA IgG/IgM IFA	86666 x 2	SST	160.00
775	HGA PCR	87797,87798	EDTA	230.00

Rickettsiosis

RP1	Rickettsia Panel 1	1SST, EDTA	\$331.50
IgG IFA for: Rickettsia rickettsii/typhi and Rickettsia PCR			

Code	Test Name	CPT	Tube	Price
965	<i>R. rickettsii/typhi</i> IgG IFA	86757x2	SST	160.00
998	Rickettsia PCR	87797, 87798x2	EDTA	230.00

Only *R. rickettsii* will be reported for NY resident in Rickettsia PCR Panel

Additional PCR if a Panel has been performed within 30 days.

360	Lyme PCR w– urine	87800,87801	Urine/BD Gray Top	172.25
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