

TEST REQUISITION FORM

Blood Draw and Shipment Monday through Thursday

PATIENT INFORMATION			
Last Name	First Name	Middle Initial	
Mailing Address	City	State	Zip
Telephone	Email: (For itemized receipt)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date (MM-DD-YY)
BILLING INFORMATION – Please select one of the following payment methods (REQUIRED)**			
<input type="checkbox"/> Check Number: _____			
<input type="checkbox"/> Credit Card: Visa, MasterCard, Discover or American Express ONLY			
Credit Card Number:			
Card Holder's Name:			
Expiration Date: (MM/YYYY)	CVV:	Total amount in USD\$:	
<input type="checkbox"/> I agree that the full amount will be charged to my given credit card information above.			
<u>Declaration of Consent:</u>			
I hereby give consent to use the blood sample for research in accordance with HIPAA guidelines.			
<input type="checkbox"/> I agree <input type="checkbox"/> I do not agree			
SIGN HERE:		Date: _____	
<u>Declaration of consent information material:</u>			
Yes, I agree that Infectolab Americas LLC can store my contact details to occasionally send me updates on tests, products, conferences, or surveys and other news. I am aware that I can revoke my consent fully or partially at any time without giving reasons.			
<input type="checkbox"/> I agree <input type="checkbox"/> I do not agree.			
<u>Declaration of consent third party laboratory:</u>			
I agree that my blood specimen can be passed onto a third-party laboratory for examination of the test marked.			
<input type="checkbox"/> I agree <input type="checkbox"/> I do not agree			
REFERRING PHYSICIAN INFORMATION			
Clinic Name	Telephone	DX Code	
Clinic Address	City	State	Zip
E-mail:			
TO BE FILLED IN BY THE PHLEBOTOMIST			
Date of blood draw:	Time of blood draw:	Phlebotomist initials:	

** Infectolab Americas lab tests are not insurance covered. We do provide Itemized receipt for our clients for out of network coverage.

Rejection Criteria:

1. Unlabeled or mislabeled tubes (2 identifiers) should match with the requisition form.
2. Incomplete requisition is subject to rejection of the sample.
3. Delayed specimen shipping (must be shipped out on the same day of blood draw).
4. Hemolyzed specimen.

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PATIENT NAME:	
LYME & CO-INFECTION PANELS	
<input type="checkbox"/> 3061 Lyme + CD57 (2 ACD Yellow Top, Serum Tiger Top Tube, EDTA Purple Top Tube) Lymespot IFN- γ /IL-2 Borrelia burgdorferi ELISA IgM/IgG Borrelia burgdorferi Western blot IgM/IgG CD57 NK cell Subset	<input type="checkbox"/> 3063 Lyme Co-Infection Complete (2 ACD Yellow Top Tube) Lymespot IFN- γ /IL-2 Bartonella henselae Spot IFN- γ /IL-2 Babesia microti Spot IFN- γ /IL-2 Borrelia miyamotoi Spot IFN- γ /IL-2 Ehrlichia Spot IFN- γ /IL-2 Rickettsia Spot IFN- γ /IL-2
<input type="checkbox"/> 3056 Lymespot + Co-Infection (2 ACD Yellow Top Tube) Lymespot IFN- γ /IL-2 Bartonella henselae Spot IFN- γ /IL-2 Babesia microti Spot IFN- γ /IL-2	<input type="checkbox"/> 3064 Lyme Co-Infection Complete Plus Viral Status (2 ACD Yellow Top Tube) Lymespot IFN- γ /IL-2 Bartonella henselae Spot IFN- γ /IL-2 Babesia microti Spot IFN- γ /IL-2 Borrelia miyamotoi Spot IFN- γ /IL-2 Ehrlichia Spot IFN- γ /IL-2 Rickettsia Spot IFN- γ /IL-2 Epstein Barr virus (EBV) Lytic antigen & Latent antigen IFN- γ /IL-2 Cytomegalovirus (CMV) IE-1 antigen & pp65 antigen IFN- γ /IL-2
<input type="checkbox"/> 3062 Lyme Functional & Chronic Fatigue (2 ACD Yellow Top, EDTA Purple Top Tube) Lymespot IFN- γ /IL-2 + Chronic Inflammation (LFA-1) Epstein Barr virus (EBV) Lytic antigen & Latent antigen IFN- γ /IL-2 CD 57 NK cell Subset	<input type="checkbox"/> 3067 Lyme Co-Infection plus Chronic Fatigue (2 ACD Yellow Top, Serum Tiger Top, EDTA Purple Top Tube)
<input type="checkbox"/> 3048 Lymespot CD57 + Co-Infection Spot (2 ACD Yellow Top, EDTA Purple Top Tube) Lymespot IFN- γ /IL-2 Bartonella henselae Spot IFN- γ /IL-2 Babesia microti Spot IFN- γ /IL-2 CD57 NK cell Subset	<input type="checkbox"/> 3066 Lyme Lung & EBV (2 ACD Yellow Top) Lymespot IFN- γ /IL-2 Bartonella henselae Spot IFN- γ /IL-2 Babesia microti Spot IFN- γ /IL-2 Borrelia miyamotoi Spot IFN- γ /IL-2 Ehrlichia Spot IFN- γ /IL-2 Rickettsia Spot IFN- γ /IL-2 Epstein Barr virus (EBV) Lytic antigen & Latent antigen IFN- γ /IL-2 CD57+ NK cell Subsets Borrelia burgdorferi ELISA IgM/IgG Borrelia burgdorferi Western blot IgM/IgG
<input type="checkbox"/> 3055 Lymespot, Chronic Infection + Co-Infection Spot (2 ACD Yellow Top Tube) Lymespot IFN- γ /IL-2 + Chronic Inflammation (LFA-1) Borrelia miyamotoi Spot IFN- γ /IL-2 Bartonella henselae Spot IFN- γ /IL-2 Babesia microti Spot IFN- γ /IL-2	<input type="checkbox"/> 3054 Lymespot & Co-Infection Spot (2 ACD Yellow Top Tube) Lymespot IFN- γ /IL-2 Bartonella henselae Spot IFN- γ /IL-2 Babesia microti Spot IFN- γ /IL-2 Borrelia miyamotoi Spot IFN- γ /IL-2 Ehrlichia Spot IFN- γ /IL-2
<input type="checkbox"/> 3059 Lyme functional & Co-Infection (2 ACD Yellow Top, Serum Tiger Top Tube, EDTA Purple Top Tube) Lymespot IFN- γ /IL-2 Bartonella henselae Spot IFN- γ /IL-2 Babesia microti Spot IFN- γ /IL-2 Borrelia burgdorferi ELISA IgM/IgG Borrelia burgdorferi Western blot IgM/IgG CD57 NK Cell Subset	<input type="checkbox"/> 3082 EBV & HHV 6 (2 ACD Yellow Top Tube) Epstein Barr virus (EBV) Lytic antigen & Latent antigen IFN- γ /IL-2 HHV 6 IFN- γ /IL-2
VIRAL INFECTION SPOTS	
<input type="checkbox"/> 3065 Chronic Viral Lytic & Latent (2 ACD Yellow Top Tube) Epstein Barr virus (EBV) Lytic antigen & Latent antigen IFN- γ /IL-2 Cytomegalovirus (CMV) IE-1 antigen & pp65 antigen IFN- γ /IL-2	<input type="checkbox"/> 3083 Advanced Viral Complete Spot (2 ACD Yellow Top Tube) Epstein Barr virus (EBV) Lytic antigen & Latent antigen IFN- γ /IL-2 Cytomegalovirus (CMV) IE-1 antigen & pp65 antigen IFN- γ /IL-2 HHV6 IFN- γ /IL-2 HSV 1 & 2 IFN- γ /IL-2
<input type="checkbox"/> 3081 Chronic Fatigue Lytic & Latent (2 ACD Yellow Top Tube) Epstein Barr virus (EBV) Lytic antigen & Latent antigen IFN- γ /IL-2 Cytomegalovirus (CMV) IE-1 antigen & pp65 antigen IFN- γ /IL-2 HHV 6 IFN- γ /IL-2	<input type="checkbox"/> 3058 Lung Infection Spot (2 ACD Yellow Top Tube) Chlamydia pneumoniae Spot IFN- γ /IL-2 Mycoplasma pneumoniae Spot IFN- γ /IL-2
FUNGAL INFECTION SPOTS	
<input type="checkbox"/> 3077 Mold & Candida (2 ACD Yellow Top Tube) Aspergillus Mix 1 & Mix 2 IFN- γ /IL-2 Candida albicans Spot IFN- γ /IL-2	<input type="checkbox"/> 3083 Advanced Viral Complete Spot (2 ACD Yellow Top Tube) Epstein Barr virus (EBV) Lytic antigen & Latent antigen IFN- γ /IL-2 Cytomegalovirus (CMV) IE-1 antigen & pp65 antigen IFN- γ /IL-2 HHV6 IFN- γ /IL-2 HSV 1 & 2 IFN- γ /IL-2
LUNG INFECTION SPOTS	

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Infectious Disease ELISPOT IFN- γ & IL-2 (2-3 ACD Yellow Top Tube)	
<input type="checkbox"/> 3119 Aspergillus Mix 1 & Mix 2 IFN- γ /IL-2	
<input type="checkbox"/> 3104 Babesia microti Spot IFN- γ /IL-2	
<input type="checkbox"/> 3103 Bartonella henselae Spot IFN- γ /IL-2	
<input type="checkbox"/> 3102 Borrelia miyamotoi Spot IFN- γ /IL-2	
<input type="checkbox"/> 3120 Candida albicans Spot IFN- γ /IL-2	
<input type="checkbox"/> 3052 Chlamydia pneumoniae Spot IFN- γ /IL-2	
<input type="checkbox"/> 3124 Covid Spot IFN- γ /IL-2	
<input type="checkbox"/> 3117 Cytomegalovirus (CMV) IE-1 antigen & pp65 antigen IFN- γ /IL-2	
<input type="checkbox"/> 3105 Ehrlichia Spot IFN- γ /IL-2	
<input type="checkbox"/> 3116 Epstein Barr virus (EBV) Lytic antigen & Latent antigen IFN- γ /IL-2	
<input type="checkbox"/> 3121 HSV 1 & 2 IFN- γ /IL-2	
<input type="checkbox"/> 3123 HHV 6 IFN- γ /IL-2	
<input type="checkbox"/> 3031 Lymespots (Borrelia burgdorferi) IFN- γ /IL-2	
<input type="checkbox"/> 3030 Lymespots (Borrelia burgdorferi) + Chronic Inflammation (LFA) IFN- γ /IL-2	
<input type="checkbox"/> 3107 Mycoplasma pneumoniae Spot IFN- γ /IL-2	
<input type="checkbox"/> 3108 Rickettsia Spot IFN- γ /IL-2	

Infectious Disease Serology (Serum Tiger Top Tube)	
<input type="checkbox"/> 3029 Borrelia burgdorferi Antibodies IgG & IgM ELISA	
<input type="checkbox"/> 3036 Borrelia burgdorferi IgG & IgM Blot	
<input type="checkbox"/> 3023 Chlamydia pneumoniae Antibodies IgG & IgA ELISA	
<input type="checkbox"/> 3115 Coxsackie Virus (CMV) IgG & IgA ELISA	
<input type="checkbox"/> 3101 Epstein-Barr Virus (EBV) Antibodies IgG, IgM, IgA ELISA	
<input type="checkbox"/> 3026 Mycoplasma pneumoniae-Antibodies IgG and IgA ELISA	




Functional Immune Cell Flow Cytometry (EDTA Purple Top Tube)	
<input type="checkbox"/> 3032 CD57 NK cell Subset	

Infectious Disease PCR	
<input type="checkbox"/> 3112 SARS-COV-2 PCR (Nasopharyngeal Swab or Saliva)	
<input type="checkbox"/> 3087 Tick-Borne Panel (EDTA Purple Top Tube)	
Anaplasma phagocytophilum	
Babesia microti	
Borrelia miyamotoi	
Borrelia spp (B. burgdorferi and B. mayonii)	
Ehrlichia chaffeensis	
Ehrlichia muris eauclarensis	
Ehrlichia ewingii	
Rickettsia spp	
Tick borne relapsing fever group (B.hermisii, B.parkeri, and B turicatae)	

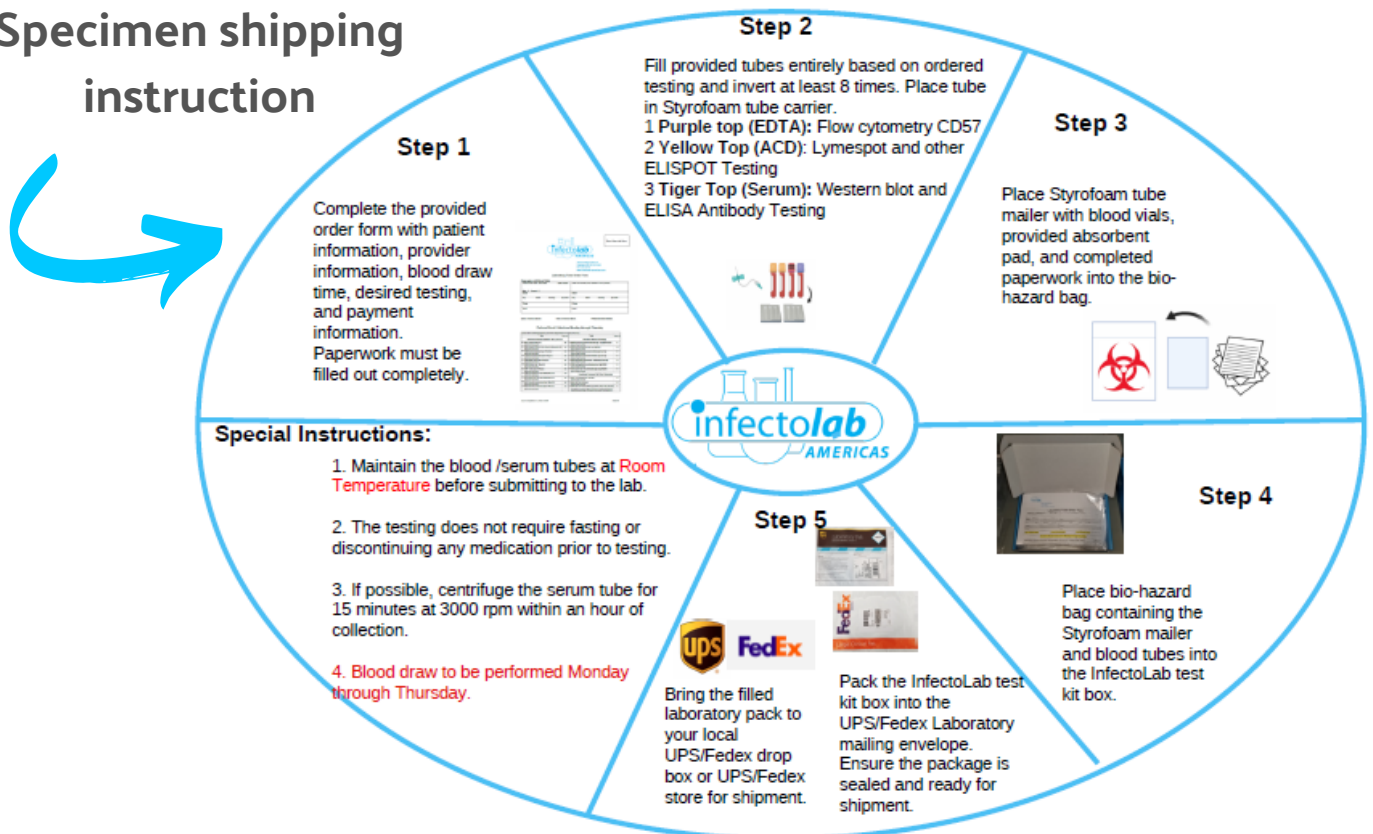
SPECIMEN COLLECTION & HANDLING



Please draw and process the tubes and given below

Collection tubes	Tests	Instructions
 <p>Serum tiger top tube (red and black spots)</p>	<p>All serology testing (ELISA & Western Blots)</p>	<ul style="list-style-type: none"> • Draw 1st • No Fasting required • Do not have to stop any medication • Gently invert tube 8-10 times to mix adequately • Centrifugation not mandatory • Fill in the tube completely
 <p>Purple top EDTA tube</p>	<p>CD 57 NK cell Subset testing</p>	<ul style="list-style-type: none"> • Draw 2nd • No Fasting required • Do not have to stop any medication • Gently invert tube 8-10 times to mix adequately • Fill in the tube completely
 <p>2 Yellow top ACD tubes</p>	<p>All Elispot testing</p>	<ul style="list-style-type: none"> • Draw 3rd • No Fasting required • Do not have to stop any medication • Gently invert tube 8-10 times to mix adequately • Fill in the tubes completely

Specimen shipping instruction



Shipping

- Draw samples Monday through Thursday
- We do not recommend drawing and shipping samples on Friday, as we cannot receive them on Saturday

Rejection Criteria

- Unlabeled or mislabeled tubes (2 identifiers , e.g. Full name and DOB and should match with requisition.
- Delayed Specimen shipping(must be shipped out on the same day of blood draw.
- Hemolysed specimen

Need more kits or have questions? Please call us @ 651-387-2614 | Email: info@infectolab-americas.com