



IGeneX, Inc.
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Palo Alto, CA 94303
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TICK TEST REQUISITION
(JUNE 2011)

www.igenex.com

TO SEND A TICK:

- Place ticks (up to 20) in a small tube or plastic baggy with a small piece of moist cotton.
- Place container in a sealed plastic bag.
- Fill out lower portion of this form.
- Place form, check and sealed plastic bag in padded envelope or box.
- Send to IGeneX, Inc. and mark front of envelope or box with "TT".
- IGeneX does not "TYPE" or determine the species of the ticks. If you want to "TYPE" your tick, please
- contact your local Vector Control Center.
- Once your tick(s) have been processed, the tick can not be returned to you.
- 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
- Ticks are NOT a clinical sample and will not be reimbursed by most insurance providers.

Please test the tick by PCR for:

<input type="checkbox"/> Test 140	Lyme Disease (B. burgdorferi)	\$65.00
<input type="checkbox"/> Test 689	Babesiosis (B microti and/or B duncani)	\$65.00
<input type="checkbox"/> Test 148	Ehrlichiosis (Ehrlichia)	\$65.00
<input type="checkbox"/> Test 290	Bartonella henselae	\$65.00
<input type="checkbox"/> Test 975	Rickettsia	\$65.00

Name and Address of Sender:

Phone: (____) _____

If you would like results faxed or called, please indicate below. Otherwise, results will be mailed by USPS.

_____ **Please fax my completed results to:**
 (____)_____-_____

_____ **Please call me with my results at:**
 (____)_____-_____

_____ **Check enclosed payable to IGeneX, Inc.**

_____ **Please charge my credit card for the above tests:**

_____ **Visa** _____ **Mastercard** _____ **Discover** _____ **American Express**

Card Number: _____

Exp. Date: _____

Signature _____