

ECO LABORATORY

One Acton Place • Suite 102 • Acton, Massachusetts • 01720

TEL: (978) 274-2943 FAX: (978) 274-2952

TEST REQUISITION

Submitted by:

Ordering Provider: _____

Patient:

Name: _____
Address: _____
City: _____
State, Zip: _____
D.O.B: ____/____/____

Account #:

Telephone #: _____ FAX #: _____

Specimen Information

Specimen Type: Serum Plasma CSF Synovial Fluid Whole Blood

Date of Collection: ____/____/____ Time of Collection: _____

Test Requested

Lyme Antibody Capture EIA: IgM, IgA, and IgG (serum, plasma, CSF, synovial fluid)- \$75.00

Lyme (B31) Line Blot: IgG (serum only)- \$80.00

Borrelia miyamotoi EIA: IgM and IgG (serum or plasma)- \$40.00

Babesia microti IFA: IgG (serum or plasma)- \$80.00

Bartonella IFA: IgM and IgG (serum or plasma)- \$170.00

3B panel- includes *B. miyamotoi*, *Babesia* and *Bartonella*- \$270.00

Borrelia miyamotoi PCR Analysis (whole blood)- \$75.00

Borrelia lonestari PCR Analysis (whole blood)- \$75.00

Lab Use Only

Received Date and Time:

Payment Method:

CHECK: Make checks payable to ECO Laboratory

Credit Card (circle one): VISA AMEX MASTER CARD DISCOVER

Cardholder Name: _____

Credit card number: _____

Expiration Date: _____ CVV: _____

Billing Address: _____

Same as submitter address

I authorize ECO Laboratory to charge the credit card indicated above in this authorization. This payment authorization is for the services checked above, for the amount indicated above and is valid for one-time use only. I certify that I am an authorized user of this credit card.

Signature: _____ Date: _____