## **ECO Laboratory Test Request Order Form**

Send To:	<b>ECO Laboratory</b>	•	<b>One Acton Place</b>	e, Suite 1	102	Acton	MA 01720

Anaplasma		(Includes the fol	Disease RNA Panel \$60.00 🛛 Ilowing) irus /Deer Tick Virus
Submitter Information			
Name: Street Address:			
City, State, Zip:			
E-Mail Address:	ail Results		
Payment Method: CHECK: Make checks payable to ECO Labo	pratory		
Credit Card (circle one): VISA AMEX	MASTER CARD	DISCOVER	
Cardholder Name: Credit card number:			
Expiration Date: Billing Address:	CVV:		□Same as submitter address
• •	This payment auth	norization is for the	thorization form according to the terms outlined on e services checked above, for the amount indicated of this credit card.

Signature:	Date:
TICKS MAY BE PLACED IN A ZIP-LOCK BAG AND MAILED IN A PADDED ENVELO	PE ALONG WITH THIS COMPLETED FORM.
QUESTIONS? EMAIL contact@ticktests.com OR CALL (978	) 274-2943