

# ECO LABORATORY

One Acton Place • Suite 102 • Acton, Massachusetts • 01720  
TEL: (978) 274-2943 • FAX: (978) 274-2952

## TEST REQUISITION

Submitted by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ordering Provider: XXXXXX XXXXXXXXXX MD

Account #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

FAX #: \_\_\_\_\_

Submitter

Record #: \_\_\_\_\_

## Specimen Information

Specimen Type: Serum  CSF  Whole Blood  Tick  Other \_\_\_\_\_

Date of Collection: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lab Use Only

## Test Requested

Lyme IgG Western Blot (serum only)

Tick Analysis PCR: *B. burgdorferi* (Lyme disease)  *B. miyamotoi*

*B. microti*  HGA  HME

Powassan (POWV)/Deer Tick Virus (DTV)