

# ECO Laboratory Test Request Order Form

Check for each test requested.	For all tests \$85.00 check this box:	<input type="checkbox"/>
Send to:	<i>B. burgdorferi</i> (Lyme disease) \$30.00	<input type="checkbox"/>
ECO Laboratory	<i>B. miyamotoi</i> \$30.00	<input type="checkbox"/>
One Acton Place, Suite 102	<i>B. microti</i> (Babesia parasite) \$30.00	<input type="checkbox"/>
Acton, MA 01720	Anaplasma (HGA) \$30.00	<input type="checkbox"/>
	<i>Ehrlichia chaffeensis</i> (HME) \$30.00	<input type="checkbox"/>
	Powassan/Deer Tick Virus \$50.00	<input type="checkbox"/>

Make check payable to **ECO Laboratory**.

### If paying by credit card:

Account Type (circle one):    Visa            Master Card            AMEX            Discover

Cardholder Name: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

If you want results mailed, please provide your mailing address.

Same as billing:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

If you want results emailed, please provide your email address.

\_\_\_\_\_

I authorize ECO Laboratory to charge the credit card indicated above in this authorization form according to the terms outlined on the website, [www.ticktests.com](http://www.ticktests.com). 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.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

TICKS MAY BE PLACED IN A ZIP-LOCK BAG AND MAILED IN A PADDED ENVELOPE ALONG WITH THIS COMPLETED FORM.

QUESTIONS? EMAIL [contact@ticktests.com](mailto:contact@ticktests.com) OR CALL (978) 274-2943