

# ECO Laboratory Test Request Order Form

Check for each test requested.

For all tests except Powassan/  
Deer Tick Virus \$85.00 check this box:

Send to:

**ECO Laboratory**

**One Acton Place, Suite 102**

**Acton, MA 01720**

*B. burgdorferi* (Lyme disease) \$30.00

*B. miyamotoi* \$30.00

*B. microti* (Babesia parasite) \$30.00

Anaplasma (HGA) \$30.00

*Ehrlichia chaffeensis* (HME) \$30.00

Powassan/Deer Tick Virus \$50.00

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: \_\_\_\_\_

CVV2# (3-digit number on back for Visa/MC/Discover, 4-digit number on front for AMEX): \_\_\_\_\_

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