

Lyme Test Requisition – Consumer Lab Lyme Disease



2 Davis Drive
Research Triangle Park, NC 27709
919-341-1271

For Global Lyme Diagnostic Use Only.

Processing of test may be delayed if the following required information is incomplete:

- **Patient (Green) Section: Patient information, patient prepayment and patient signature.**

SECTION 1: PATIENT INFORMATION (SEE PAGE 2 ALSO)

Last Name		First Name		Initial
Phone (9am-5pm) () - -			email	
Date of birth MM / DD / YYYY		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		

SECTION 2: PAYMENT (Global Lyme Diagnostics does not bill insurance providers or Medicaid)

Cardholder's Name:		Credit Card Number:		
Billing Address:		City:		
State:	Zip:	Expiration Date: MM / YYYY	Security Code:	

I am aware of the testing fees and understand that I am responsible for submitting my own insurance claim. I authorize with my signature my credit card to be charged for the test requested on this form by my referring clinician.

Card Holder's signature: _____

SECTION 3: COST (Price below does not include phlebotomy service fee)

	TOTAL COST
<input type="checkbox"/> Lyme Screen 1 (GLD Lyme Test IgG & IgM plus C6 peptide IgG & IgM) (\$195/person; \$175/person for family of 2 or more)	\$ _____
<input type="checkbox"/> Lyme Panel 1 (Everything in Lyme Screen 1 plus Western Blot IgG & IgM) (\$395/person; \$350/person for family of 2 or more)	\$ _____

SECTION 4: CLINICAL HISTORY (IF KNOWN)

Have you been diagnosed with:
 Lyme Disease Other _____

Date of Exposure (Known or Suspected): MM / DD / YYYY	State:	Date of onset Symptoms (if known): MM / DD / YYYY
--	--------	--

Symptoms:
 Headache Arthralgia Neurologic symptoms Flu-like symptoms
 Bullseye rash (Erythema migrans) Other rash Other _____

Medications:
 List any antibiotics you are currently taking: _____

SECTION 5: SPECIMEN COLLECTION

Serum SST Tube Drawn by (Initials):	Contact Phone:
Phlebotomy Service Contact Name:	Draw date:

SAMPLE COLLECTION INSTRUCTIONS FOR PHLEBOTOMIST

1. Review the Test Requisition form. Incomplete forms will result in testing delay. Please do not ship any incomplete test requests. Patient responsible for completing Sections 1, 2, 3 and 4
2. Complete the label on the SST tube with patient name (first & last), date of birth, specimen draw date, and phlebotomist initials.
3. Draw one SST tube of blood. Invert tube 5 times and place in an upright position in a test tube rack to clot.
4. Clot for 30-60 minutes at room temperature.
5. Promptly centrifuge the tube at 1100-1300xg for 15 minutes.
6. Refrigerate the tube until ready to ship. (Must be shipped within 5 days.)
7. Routine phlebotomy supplies are the responsibility of the phlebotomist.
8. The small gel pack in the box should be frozen overnight prior to shipping sample to the testing laboratory.

SAMPLE SHIPPING INSTRUCTIONS FOR PHLEBOTOMIST

Shipping schedule:

- Shipments only allowed Monday to Wednesday. Absolutely **no shipments on Thursday and Friday**.
- Specimens must be shipped to the testing laboratory using the supplied FedEx label no later than 5 days after blood draw.

Preparation of shipment:

1. Fold the Test Requisition and insert it in the outer pocket of the Specimen Bag.
2. Return the centrifuged SST tube to the large plastic tube lined with the absorbent pad. Tighten the cap.
3. Place large tube into Specimen Bag. Roll the tube in the bag from the bottom to exclude air, then seal zip top.
4. Place the rolled Specimen Bag and the pre-frozen gel pack into the mylar bubble mailer, and seal the mailer.
5. Fold up the mailer to fit into the white GLD specimen box. (It will be a tight fit.)
6. Place GLD specimen box into FedEx UN3373 Overpack. (Up to 3 GLD specimen boxes will fit into Overpack.)
7. Seal the Overpack, and affix the FedEx prepaid stamp label.
8. Transfer to FedEx for shipping (call FedEx for pickup or take to a FedEx office or distribution center; **do not use FedEx drop-boxes**).

*****For Assistance: Please call 919-341-1255***