

# Physician Test Requisition Form #5.18



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 Section: Patient information, patient prepayment and patient signature
- Physician Section: Referring physician 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: PREPAYMENT (Global Lyme Diagnostics does not bill insurance providers or Medicaid)

Cardholder's Name:		Credit Card Number:		
State:	Zip:	Expiration Date:     : MM / YYYY		

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: REFERRING PHYSICIAN

Ordering Provider:		Clinic Name:		
Address:		City:		
State:	Zip:	Phone: (     ) -     -	Fax: (     ) -     -	
NPI:	Receive Results by: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail	Email:	Date:	

Physician's signature (Required): \_\_\_\_\_

## SECTION 4: CLINICAL HISTORY

Comorbidities:  
 Lupus (SLE)    Syphilis    Infectious Mononucleosis    Elevated RF    Lyme Disease    Other \_\_\_\_\_

Date of Exposure (Known or Suspected): MM / DD / YYYY	State:	Date of onset Symptoms (if known): MM / DD / YYYY
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Symptoms:  
 Headache     Arthralgia     Neurologic symptoms     Flu-like symptoms     Bullseye rash (Erythema migrans)     Other rash  
 Other \_\_\_\_\_

Medications:

- Antibiotics \_\_\_\_\_
- Anti-inflammatory glucocorticoids \_\_\_\_\_
- Immunosuppressant therapy \_\_\_\_\_
- LYME disease vaccination (e.g. LYMERix) \_\_\_\_\_

## SECTION 5: SPECIMEN COLLECTION

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



## SAMPLE COLLECTION INSTRUCTIONS

### **Specimen collection:**

1. Review the Test Requisition form. Incomplete forms will result in testing delay. Please do not ship any test requests without payment section completed by patient.
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.)

## SAMPLE SHIPPING INSTRUCTIONS

### **Sample kits:**

- Kits should be ordered in advance, and contain the serum SST draw tube (contained in the large plastic screw-cap tube).
- Routine phlebotomy supplies are the responsibility of the phlebotomist.
- The small gel pack in the box should be frozen prior to shipping sample to the testing laboratory.

### **Shipping schedule:**

- Shipments only allowed Monday to Wednesday. **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
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***