



GALAXYdiagnostics
www.galaxydx.com

Office Use Only:	Lab Use Only:
Data Entered: ___/___/___	Received ___/___/___
Account #: _____	Logged by _____
Invoice #: _____	Order #: _____

BARTONELLA ePCR™ TEST REQUEST FORM

(not yet available in NY and CA)

Physician Information	Patient Information		
Clinic Name	Last Name	First Name	MI
Mailing Address	DOB (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
City State Zip Code	Mailing Address		
Phone Fax	City	State	Zip Code
Email	Phone	Fax	
Referring Physician Name	Email		

ICD-9 Codes (required for insurance claims)

Test and Sample Information

Sample Type	Collection Date (mm-dd-yy)	Collection Time (00:00 am/pm)	Collected by	Sample ID
				SID
				SID
				SID
				SID
				SID

Release of Sample for Additional Research: The release of your sample for research purposes will help create valuable knowledge about *Bartonella* infection, its association with particular health conditions, and the best ways to treat specific strains. Released samples will be used by Galaxy Diagnostics and its research partners to isolate and study the specific strain of *Bartonella* detected. Your patient data will not be attached to this sample. Your sample will be relabeled with a unique identifier, absent any personal data, for further study. Please initial your choice.

_____ I give permission to Galaxy Diagnostics and its research partners to use the remains of my sample for research purposes.

_____ I do NOT want Galaxy Diagnostics and its research partners to use the remains of my sample for research purposes.

Billing Information

Circle and provide information for preferred payment options below.

1 Bill Physician/ Clinic directly.

Authorized Signature: _____

2 Patient responsible for Prepayment.

Visa / Mastercard / Amex Exp ___/___/___ CSV _____

Card # _____

Name on card _____

Signature _____ Date ___/___/___

Insurance Notice

Your doctor has ordered a test that s/he has determined necessary and appropriate for providing you with the best patient care. Our laboratory will perform this test and provide results directly to the referring physician.

Galaxy Diagnostics is not currently set up to bill insurance companies for testing services. You may submit your own claim for services. Please see your doctor for a payment receipt for this order.

We have received reports that some private insurance companies have provided reimbursement to some patients for our testing services. We are not currently contracted with Medicare or any private insurance providers.

Please contact us if you have any additional questions.

Sample Collection	Sample Requirements	
<p>Physicians order must be obtained for sample collection.</p> <p>Antibiotics should not be administered within 2 weeks prior to collection.</p> <p>Samples must be aseptically collected. Blood samples must be prepared following enclosed sample collection instructions.</p> <p>All tubes/containers should be labeled immediately with the patient's name, date of birth, and the sample collection date.</p> <p>Test Request Form should be thoroughly completed. Please verify that all fields are filled prior to shipping. Samples will not be processed until all information is documented.</p> <p>Samples may be rejected for testing on the following basis: unlabeled specimens, improper transport, damaged specimens, hemolysis, hyperlipidity.</p> <p>Please contact us if you have concerns.</p>	Blood	4ml venous whole blood in purple top tube (EDTA) and 4ml serum in serum separator tube (SST)
	Fluids (e.g., joint, pericardial, CSF)	Minimum 0.5ml in sterile tube (no additives)
	Aspirates (e.g., LNA)	Injected into 1ml sterile saline in sterile tube (no additives)
	Fresh/Frozen Tissue	0.5 to 1 gram in sterile tube (no additives) and hydrated with 1ml sterile saline
	Paraffin-Embedded Tissue (PCR only)	2 cuts of at least 50 microns thickness each in sealed sterile container (no additives)
Shipping Instructions		
<p>PACKING & SHIPPING</p> <p>Include the samples, an ice pack, test form, and, if applicable, payment in the box for shipping.</p> <p>Pack specimens according to UN 3373 Category B guidelines. See our website for more information on UN 3373 shipping guidelines.</p> <p>Ship overnight Mon-Thu via courier transport (e.g. FEDEX, UPS). Call for pick-up. Do NOT use outside drop boxes.</p> <p>Our lab is closed on weekends, so no Sat deliveries. See our website for our holiday schedule.</p> <p>SHIPPING ADDRESS Galaxy Diagnostics, Inc. 7030 Kit Creek Rd, Ste 270 Research Triangle Park, NC 27560</p>	<p>STORAGE BEFORE SHIPPING</p> <p>Samples should be shipped the day of the last draw.</p> <p>If necessary, samples may be stored in a refrigerator for up to a week before shipping. Samples may also be frozen for up to two weeks prior to shipping.</p> <p>INTERNATIONAL ORDERS</p> <p>Please contact us in advance of shipment for special instructions and to request a copy of our CDC permit. All shipments should be shipped two-day international on ice.</p>	
Frequently Asked Questions		
<p>How does the Bartonella EnrichmentPCR™ test work?</p> <p>This test combines conventional PCR detection (a type of DNA testing) with a patented enrichment culture step. Our test platform includes both pre- and post-culture PCR testing to ensure that non-viable as well as viable bacteria may be detected. The enrichment step provides the ideal growth environment for slow-growing, vector-borne bacteria, allowing these bacteria to grow up to detectable levels by PCR.</p> <p>How is this test better than other tests for <i>Bartonella</i>?</p> <p>Conventional testing suffers from high false negative results. Our advanced detection system combines a patented enrichment culture step with conventional PCR testing to overcome the problem of high false negative rates. Galaxy Diagnostics' holds an exclusive license on the patented enrichment culture BAPGM from North Carolina State University. This media is not available anywhere else.</p> <p>Which species of Bartonella can be detected by ePCR™?</p> <p>We use genus-level primers to detect a wide range of <i>Bartonella</i> species. These primers work well for most species of <i>Bartonella</i>.</p> <p>Are there any medications that might interfere with test performance?</p> <p>We recommend that no antibiotics are administered within 2 weeks prior to sample collection. Research is needed to establish whether or how other medications could influence test performance.</p>	<p>How long does it take to process the test from the date received?</p> <p>Bartonella ePCR™ takes 3-4 weeks to process from the date of receipt.</p> <p>Which days do I need to have blood drawn for a Triple Blood Draw?</p> <p>We recommend that three samples be drawn every other day over a 5 day period, e.g. M-W-F. Adjustments may be made for weekends without affecting the sensitivity of this collection method.</p> <p>Is it okay to ship samples on a Friday?</p> <p>Our lab is open Mon thru Fri. We do accept deliveries on Sat.</p> <p>How much does the test cost?</p> <p>Price lists are provided to physicians. Please see your physician.</p> <p>Will insurance cover the cost of testing?</p> <p>We are not currently enrolled with any insurance provider, including Medicare/Medicaid. As this is a new test, it will take some time to see how it is received by private insurers. Some private insurance companies may reimburse a portion of the cost for some patients.</p>	