

For Laboratory-Use Only:

Logged in by: _____

Date Entered: _____

Date Received: _____

Account No: _____

Order No: _____

Sample: ICT / LIP/ HEM

Animal Health Test Request Form

Revised 7-27-22

Bartonella Test Options

Bartonella ePCRTM combines BAPGM enrichment culture with highly sensitive *Bartonella* spp. PCR, providing enhanced detection of DNA missed by standard PCR detection methods. All positive PCR results are verified by DNA sequence.

***Bartonella* ePCRTM – single blood draw \$135**

***Bartonella* ePCRTM – triple draw blood \$270**

Required sample is 3 mL of whole blood in EDTA tube.

Test turnaround is up to 3 weeks.

***Bartonella* ePCRTM – single fluid \$135**

Fluids such as CSF, joint fluid, pericardial fluid, etc. are suitable for enrichment culture. Required sample is 3 mL in a sterile tube with no additives. Test turnaround is up to 3 weeks.

***Bartonella* ePCRTM – fresh/frozen tissue \$210**

Required sample is 0.5 to 1 gram in a sterile container.

Test turnaround is up to 3 weeks.

***Bartonella* PCR – paraffin-embedded tissue \$135**

Tests for presence of *Bartonella* spp. DNA. Typical sample is 2 cuts of at least 50 microns (3mm punch biopsy) thickness each in a sterile container. Test turnaround is up to 2 weeks.

Serology Panel \$70

Tests for antibodies against *B. henselae*, *B. koehlerae*, and *B. vinsonii berkhoffi*. Requires 2-3ml serum. Test turnaround is up to 4 weeks.

Clinic Information

Doctor
Clinic
Address
City State Zip
Contact Name
Telephone
Report: Email Fax
Billing: Email Fax
Report Delivery Preference <input type="checkbox"/> Email <input type="checkbox"/> Fax

Patient Information

Animal Name
Patient ID
Owner (first last)
Species Breed
DOB Sex <input type="checkbox"/> M <input type="checkbox"/> F
Condition?
On Antibiotics <input type="checkbox"/> Yes <input type="checkbox"/> No Type?
On Immunosuppressant <input type="checkbox"/> Yes <input type="checkbox"/> No Type?

Tests Requested (Aseptically collected samples produce the best results.)

Sample Type	Date Collected	Tests Requested
		<input type="checkbox"/> ePCR TM <input type="checkbox"/> PCR <input type="checkbox"/> Serology Panel (Bh, Bvb, Bk)
		<input type="checkbox"/> ePCR TM <input type="checkbox"/> PCR <input type="checkbox"/> Serology Panel (Bh, Bvb, Bk)
		<input type="checkbox"/> ePCR TM <input type="checkbox"/> PCR <input type="checkbox"/> Serology Panel (Bh, Bvb, Bk)
		<input type="checkbox"/> ePCR TM <input type="checkbox"/> PCR <input type="checkbox"/> Serology Panel (Bh, Bvb, Bk)
		<input type="checkbox"/> ePCR TM <input type="checkbox"/> PCR <input type="checkbox"/> Serology Panel (Bh, Bvb, Bk)

Payment Information

Method: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Invoice

Card Number:
Exp: CVV Code: Billing Zip Code:
Name on Card:
Signature:

New Account?

Please provide contact name, phone, and email.
