FOR INTERNA	AL USE ONLY					
Date Receiv	/ed:	Received I	Ву:	Lab No:		
	NORTHE NA SCIENCES, EAST STROL	EAST INFECTION EAST INFECTION	OUS DISEASE SITY, 314 INDEP	DIAGNOSTIC	LABORATOR SUITE 114, EA	
The result of result is inten	the test confirms the prese	found on or remence or absence ur physician or w	noved from eithe of the pathoger reterinarian with	er humans or ani n in the tick but d important inforn	mals. Ticks ca loes not confiri	on be submitted dead or align m exposure to the patient. combined with other informa
Note: In ord	der to process your subn	nission efficien	itly, this form <u>n</u>	<u>านst</u> be filled oเ	ut and sent a	long with the sample.
Select the 1	Гуре(s) of Analysis Re	quired (Checl	k All That App	oly): Turn-aroun	d is typically 7	-10 business days
Tick	Identification					Free
Diag	nostic Panel I – Test for th and Barto		ents causing Lyr	me, Anaplasmos	is, Babesiosis	\$175
Diag	nostic Panel II – Test for	the infectious ag	gents causing R	ocky Spotted Fe	ver and Tulare	emia \$100
Lyme – Test for the infectious agent causing Lyme Disease					\$75	
HGE Ehrlichia – Test for the infectious agent causing Anaplasmosis					\$75	
HME Ehrlichia – Test for the infectious agent causing Ehrlichiosis						\$75
Babesia – Test for the infectious agent causing Babesiosis						\$75
Bartonella – Test for the infectious agent causing Bartonellosis						\$75
Rock	ky Mountain Spotted Feve	er – Test for the	infectious agen	t causing RMSF		\$75
Tularemia – Test for the infectious agent causing Tularemia					\$75	
Rush	n Services – Turn-around	within 3 busines	s days			\$25
	Chec				To	otal
Please submit and form in a s		d check with each	n sample for the to d mail or for faster	tal amount above. submission ship b	Place tick into a	a small Ziploc bag. Place bag,
		314 Indep Suite 114 East Strou Make che	ous Disease Dia endence Rd udsburg, PA 183 ck payable to: udsburg Univers	301		
veterinarian, pl	e from. Fill in all that apply. Ple	we may call you vormation. In the tic	with the results and k survey informati	d mail you a report on section please	indicate the geo	be sent to a physician or graphical location where the tinal If animal, what type
Your Conta	ct Information:	Physician or	Veterinarian:	Tio	ck Survey In	formation: n Check Here
Name:		Name:			State:	
Address:		Address:			County:	
Address:		Address:			Township:	

Address:	County:	
Address:	Township:	
City:	Municipality:	
State:	City:	
Zip:	Country:	
Phone:	Comments:	
Fax:		
	Address: City: State: Zip: Phone:	Address: Township: City: Municipality: State: City: Zip: Country: Phone: Comments:

Services are provided by the Northeast Infectious Disease Diagnostic Laboratory in accordance with their standard procedures, terms and conditions. Test turn-around is typically 7 business days and within 3 business days for rush services. You will be notified with a positive or negative result. The tick is tested for an infectious agent using a sensitive DNA based screening technique known as Polymerase Chain Reaction (PCR). Prices are subject to change without notice.