

**REQUISITION FORM FOR SPIROCHETEMIA TEST BY**

**Nested PCR and direct automated DNA sequencing-based method for qualitative detection/ identification of *Borrelia burgdorferi* (Lyme disease) and *Borrelia miyamotoi* in whole blood specimens**

For patients with suspected Lyme disease including those living in New York State

Milford Molecular Diagnostics Laboratory  
2044 Bridgeport Avenue  
Milford, CT 06460  
Tel: 203 878-1438

Sample submission includes:  
Acceptable specimen: 1mL of platelet-rich plasma [ ]  
Completed and signed Requisition Form [ ]  
Check for \$200.00 payable to Milford Molecular Diagnostics [ ]



Date of whole blood collection \_\_\_\_\_

Ordering healthcare provider \_\_\_\_\_,  
(Please print) (Signature)

Address \_\_\_\_\_

City & State \_\_\_\_\_, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_



Patient Name \_\_\_\_\_; Male [ ] Female [ ]; Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Note: Please send the frozen platelet-rich plasma specimen with this Requisition Form at ambient temperature via FedEx next day AM delivery during business days to: Milford Molecular Diagnostics Laboratory, 2044 Bridgeport Ave., Milford, CT 06460 Tel. 203 878-1438. Test reports will be emailed and faxed to the ordering healthcare provider.

Rev. February 2024