

Milford Molecular Diagnostic
2044 Bridgeport Ave.
Milford, CT 06460
(203) 878-1438

Sample submissions must include:

Acceptable specimen (see below) []
Completed & Signed Requisition Form []

Check for \$150.00 payable to **"Milford Molecular Diagnostic []**

REQUEST FOR LYME DISEASE DNA TEST

16S rDNA Test for B. burgdorferi and B. miyamotoi

.....
Date: _____

Ordering Physician: _____
(Please Print)

Physician Signature: _____

Address: _____

City & State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

.....
Patient Name: _____ Sex: Male [] Female []

Address: _____

City & State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Email Address: _____

.....
ACCEPTABLE SPECIMENS:

Please select one

- | | |
|---|-----|
| 1. 3 mL venous blood in Lavender top (EDTA) tube | [] |
| 2. 1.0 - 2.0 mL synovial fluid in leak-proof container | [] |
| 3. 1.0 - 2.0 mL cerebrospinal fluid in leak-proof container | [] |

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The official laboratory report with test results will be faxed and mailed to the above ordering physician with the accompanying DNA Sequence electropherogram (if the specimen is positive) within 5 business days after the receipt of the specimen.
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Please send the specimen, this requisition form (signed by the ordering physician), and check for \$150.00 payable to "Milford Molecular Diagnostic" via Federal Express (FedEx) overnight delivery to Milford Molecular Diagnostic (see address above). For more information please visit www.dnalymetest.com

Not yet available for New York Residents

