

Milford Molecular Diagnostics, LLC

2044 Bridgeport Ave.

Milford, CT 06460

Phone: (203) 878-1438 Fax: (203) 878-0109

Sample submissions must include:

Acceptable specimen (see below) []

Completed & Signed Requisition Form []

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

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 SPECIMEN:

- 1. 3 mL venous blood in Lavender top (EDTA) tube []

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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