



PHAGE TESTS QPCR

REQUEST FORM US

Family Name:	First Name:	Your patient ref.:
Address:		
Zip Code:	City:	State:
Phone:	Email:	
Date of birth:	Sex:	<input type="radio"/> Male / <input type="radio"/> Female
Name and contact details of requesting physician:		Date and time of sampling: <input type="checkbox"/>
PHAGE TESTING		
<input type="checkbox"/> PhBor ; Phage Borrelia qPCR	CPT codes: 87798, 83890	
<input type="checkbox"/> PhRick ; Phage Rickettsia qPCR	CPT codes: 87798, 83890	
<input type="checkbox"/> PhCombo1 ; Phage Borrelia & Rickettsia qPCR	CPT codes: 87798, 83890	
Requested samples: 2 EDTA tubes of 4ml each filled with blood (3 EDTA tubes for COMBO) to be sent at ambient temperature with an overnight courier to arrive within 72hours maximum after the blood draw. For longer periods, freeze the tubes and send them frozen.		
<p>I explicitly consent to the processing of my personal data for the purpose of the requested research. For further information about the processing of your personal data, please refer to our privacy policy on our website www.redlabs.be. I acknowledge that there is no reimbursement on these tests. I will be invoiced directly by R.E.D. Laboratories at the rate mentioned above and in accordance with the applicable general terms and conditions (the latest version of which can always be consulted on our website). I understand that these tests are "research tests" only, and that the results can only be interpreted by a health care professional.</p> <p>Signature: _____ Date: _____</p> <p>Please send a signed version of this form together with the samples. Note that R.E.D. Laboratories only sends invoices electronically.</p>		