



**Patient information**

Name: \_\_\_\_\_ Initials : \_\_\_\_\_  
 Address: \_\_\_\_\_ Soc.Sec.no.: \_\_\_\_\_  
 ZIP Code: \_\_\_\_\_ Municipality : \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Sex : M / F \*  
 Sample date: \_\_\_\_\_ Phone : \_\_\_\_\_ Email address : \_\_\_\_\_

**FOR LAB USE ONLY**

prf. \_\_\_\_\_ date: \_\_\_\_\_

**Applicant's information**

Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 ZIP Code: \_\_\_\_\_ Municipality : \_\_\_\_\_  
 Phone: \_\_\_\_\_

PHYSICIAN'S STAMP

**Applicant is physician : NO / YES (put physicians stamp in box)**

Bill paid by :  Patient  Physician  Other, please specify : \_\_\_\_\_

**CONSENT FOR CLINICAL TESTING**

The patient approves clinical testing of his blood/urine/serum/plasma/skin biopt sample according to the tests indicated by the ticked box. The patient herewith agrees to be liable for the charges as result of these clinical tests.

SIGNATURE OF PATIENT : \_\_\_\_\_ DATE : \_\_\_\_\_

**CLINICAL DATA (if applicable):**

- Have you experienced a tick bite ?  Yes  No  Unknown
- Manifestation of an Erythema Migrans ?  Yes  No  Unknown
- Have you experienced clinical symptoms ?  Yes  No
  - If yes, please indicate symptoms : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Have you been tested for Lyme before?  Yes  No
  - If yes, please indicate which tests : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Is lues (= syphilis) to be excluded ?  Yes  No  Unknown
- Did you already use any antibiotic ?  Yes  No
  - Which antibiotics were administered : \_\_\_\_\_  
 \_\_\_\_\_
  - Indicate duration of antibiotic treatment : \_\_\_\_\_
  - How many days was the venesection (blood sampling) after the termination of the antibiotics treatment ? \_\_\_\_\_ days
  - Did you use antiparasitic medication ?  Yes  No
    - If yes, please indicate which medication : \_\_\_\_\_



Administration costs : € 12,90 (mandatory for every application except specified otherwise)

### Application for Borrelia testing

#### Price

- |                          |  |   |         |
|--------------------------|--|---|---------|
| <input type="checkbox"/> | Borrelia IgM (elisa)                                       | S | € 13,00 |
| <input type="checkbox"/> | Borrelia IgG (elisa)                                       | S | € 9,80  |
| <input type="checkbox"/> | Borrelia C6 (elisa)  | S | € 13,00 |
| <input type="checkbox"/> | Borrelia immunoblot IgM                                    | S | € 45,50 |
| <input type="checkbox"/> | Borrelia immunoblot IgG<br><i>(recombinant immunoblot)</i> | S | € 45,50 |
| <input type="checkbox"/> | Borrelia Western Blot IgG/IgM                              | S | € 91,00 |
| <input type="checkbox"/> | Borrelia antigeen mbv IFA*<br><i>(Immunofluorescence)</i>  | E | € 19,50 |
| <input type="checkbox"/> | Borrelia antigeen*<br><i>(phase contrast microscopy)</i>   | E | € 19,50 |

\* For antigen screening the EDTA blood has to be received by the lab within 24 hrs.

### Application for Borrelia testing

#### Price

- |                                   |  |           |          |
|-----------------------------------|--|-----------|----------|
| <input type="checkbox"/>          | Borrelia test - antibody comb. 1<br><i>(Elisa Borrelia IgG/IgM/C6/Immunoblots IgG/IgM)</i>             | S         | € 126,80 |
| <input type="checkbox"/>          | Borrelia test - antibody comb. 2<br><i>(Elisa Borrelia IgG/IgM/C6/Immunoblot/Western Blot IgG/IgM)</i> | S         | € 217,80 |
| <b>All bands will be reported</b> |  |           |          |
| <input type="checkbox"/>          | Borrelia spp in urine (PCR) DNA<br><i>(collect urine at approximately 16:00 hrs.)</i>                  | U         | € 81,20  |
| <input type="checkbox"/>          | Borrelia PCR test after blood cult.<br><i>(blood culture (6 wks) followed by PCR)</i>                  | E         | € 107,20 |
| <input type="checkbox"/>          | Borrelia PCR test (various materials)  |           | € 81,20  |
| Indicate source of material :     |  |           |          |
|                                   | <input type="checkbox"/>   | Liquor    |          |
|                                   | <input type="checkbox"/>   | Saliva    |          |
|                                   | <input type="checkbox"/>   | Tissue ** |          |
|                                   | <input type="checkbox"/>   | Other     |          |

\*\* (In case of DNA extraction from tissue samples an additional cost of €39.50 will be charged)

### Application for tick-borne disease testing

#### Price

- |                          |  |   |         |
|--------------------------|--|---|---------|
| <input type="checkbox"/> | Babesia<br><i>microscopic/direct test</i>              | E | € 32,50 |
| <input type="checkbox"/> | Ehrlichiose + IgG + IgM IFT<br><i>mon.fluorescence</i> | S | € 65,10 |
| <input type="checkbox"/> | Leishmania IgG   | S | € 29,40 |
| <input type="checkbox"/> | Bartonella henselae IgG/IgM                            | S | € 55,40 |
| <input type="checkbox"/> | Rickettsia conorii IgG/IgM IFT                         | S | € 39,20 |

### Application for PCR bacteriology / virology

- |                          |   |    |          |
|--------------------------|---|----|----------|
| <input type="checkbox"/> | Bartonella henselae PCR   | E  | € 146,20 |
| <input type="checkbox"/> | Leishmania PCR<br><i>(swab on slide; applied without gel !)</i> | Sw | € 146,20 |
| <input type="checkbox"/> | Rickettsia PCR  | E  | € 105,50 |

**Legend :**

S = serum  
E = EDTA blood

U = urine  
P = plasma

fae = faeces  
SL = saliva

BS = buccal swab  
Sw = swab on microscopy slide