

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

Tick submissions must include:

Tick in plastic zip-lock bag []

Check for \$75.00 payable to: **Milford Molecular Diagnostic**

REQUEST FOR LYME DISEASE TICK TEST

16S rDNA Test for *Borrelia burgdorferi* (Lyme disease spirochete) or *Borrelia miyamotoi* (spirochete causing Lyme disease-like illness)

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Please test the enclosed tick for possible infection by *Borrelia burgdorferi* and *Borrelia miyamotoi* by the borrelial 16S rDNA sequencing technology.

Please send the results, with DNA sequencing electropherogram, if positive, to:

Date: _____

Name: _____

Signature: _____

Address: _____

City & State: _____

Zip: _____

Phone Number: _____

Email Address: _____

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ENCLOSURES:

1- A tick in a plastic bag with zip lock seal

A check for \$ 75.00 payable to "Milford Molecular Diagnostic"

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Test results will be emailed and mailed to the above address with the accompanying DNA Sequence electropherogram (if the tick is positive) within 5 business days after the receipt of the specimen.

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Please send the tick, this requisition form, and the check for \$75.00 payable to "Milford Molecular Diagnostic" to Milford Molecular Diagnostic (see address above). For more information please visit www.dnalymetest.com