


Ordering Provider Information

Name		NPI	
Address			
City	State	ZIP	
Phone	FAX		
Email			
Physician signature:			

Patient Information

Date received in lab: ___/___/___

Name		DOB	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Phone	
Address			
City	State	ZIP	
Email			
Patient signature:			

Ethnicity

-
- Hispanic
-
-
- Non-Hispanic

Race

-
- White
-
- Native American
-
- African American/Black
-
-
- Asian/Pacific Islander
-
- Other/Unknown

Billing Information – include secondary insurance on separate page, if applicable.
 Please include a copy of the front and back of the insurance card or patient information

Type of Insurance <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Self-Pay <input type="checkbox"/> Medicare			
Insurance Company		ID	Group
Name of Subscriber		Relationship to Patient	
Address of Subscriber <i>(if different than patient)</i>		City	State ZIP
Collection Date mm/dd/yy		Sample Type <input type="checkbox"/> Saliva <input type="checkbox"/> Nasal <input type="checkbox"/> NMT	

Test Menu **Our COVID-19 Panels**

<input type="checkbox"/> CV19	COVID-19 Panel – This panel is for the SARS-CoV-2 virus ICD-10 codes <input type="checkbox"/> Z20.828 <input type="checkbox"/> Z03.818 <input type="checkbox"/> Z11.59	Patient Initials
<input type="checkbox"/> FLUCV	FLU/COVID - This panel tests for SARS-Cov - 2, Influenza A&B ICD-10 codes <input type="checkbox"/> Z20.828 <input type="checkbox"/> Z03.818 <input type="checkbox"/> Z11.59	Patient Initials

ICD Codes

Z11.59: Encounter for screening for other viral diseases	Asymptomatic, no known exposure, results unknown or negative.
Z03.818: Encounter for observation for suspected exposure to other biological agents ruled out.	Possible exposure to COVID-19, infection ruled out.
Z20.828: Contact with and (suspected) exposure to other viral communicable diseases	Contact with COVID-19, Suspected exposure

PATIENT'S PERSONAL HISTORY

Underlying Conditions?

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Immunocompromised |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chronic Lung Disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Chronic Liver Disease |
| <input type="checkbox"/> Cardiac Disease | <input type="checkbox"/> None |
| <input type="checkbox"/> Other..... | |

Is patient hospitalized? Yes No

Please Check All That Apply

- | | |
|--|---|
| <input type="checkbox"/> Fever or chills | <input type="checkbox"/> Cough |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Muscle or body | <input type="checkbox"/> Headache |
| <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Congestion or runny nose | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> Diarrhea | |

Date of symptom onset: ____/____/____

FAMILY HISTORY

Specimen	Tube/Container	Suggested Specimen Collection and Handling Instructions
<input type="checkbox"/> Saliva	Screw-cap Collection Tube	<ul style="list-style-type: none"> Collect 1.5 mL of saliva in sterile collection tube. No preservatives are required.
<input type="checkbox"/> Nasopharyngeal Swab	Screw-cap Collection Tube with viral collection medium	<p>RECOMMENDED</p> <ul style="list-style-type: none"> Specimen is time sensitive and MUST be collected on Monday, Tuesday or Wednesday. If specimen is collected on Thursday, senders are responsible to make arrangements for overnight delivery to laboratory. DO NOT collect specimen on Friday or Saturday. <p>.....</p> <ul style="list-style-type: none"> Open swab package and remove swab, taking care not to touch the tip to any surface or lay it down. Hold swab between your thumb and forefinger with the shaft resting on your middle finger. Tilt head back and insert swab into nostril, gently rotating inward until resistance is met at level of turbinate. Withdraw swab and place immediately into 5 mL viral transport medium. Break off end of swab and screw cap on securely. Label tube with patient's last name, first name, collection date, and date of birth. Specimen must be received within 72 hours of collection. Keep at 2 to 8°C or frozen until ready to ship.
<input type="checkbox"/> Nasal mid-turbine (NMT)	Screw-cap Collection Tube.	<ul style="list-style-type: none"> Use a tapered swab Tilt patient's head back 70 degrees Insert swab less than one inch into nostril parallel to palate while gently rotating. Rotate swab several times against nasal wall and repeat in other nostril using same swab. Place swab into transport tube.