

## COVID - 19 Requisition

<b>Date Specimen Collected</b>		<b>Time Specimen Collected</b>	
Accession Number	Date Received	Time Received	
Pharmacy Name			
Street Address	City	State	Zip
Phone #	Fax #		

### Patient and Insurance Information

Please fill out completely or attach a front and back copy of both your divers license and insurance card to avoid any delay in processing your specimen

First Name	Last Name	MI	DOB	Gender
Address Line 1		City	State	Zip
Home Phone	Cell Phone	Race*		Ethnicity*
Insured's Name		Relationship to Patient		Social Security #
Home Phone	Cell Phone	DOB	Gender	
Primary Insurance			Secondary Insurance	
Group #	ID#	Group #	ID#	
Address			Address	
City	State	Zip	City	State
			State	Zip

### Test

- COVID - 19 (SARS-CoV-2 Assay) via Nasal Swab**
- IgG and IgM Antibody Testing via Blood Draw**

### ICD-10 Codes

Please check off the diagnosis code that best corresponds with your symptoms. If do not have any symptoms but would like to know if you are positive or negative please check off diagnosis code Z11.59. If you are asymptomatic but have had contact or have been exposed to someone with the COVID-19 virus please check off Z20.828.

- |  |   |
|--|---|
| <input type="checkbox"/> J12.89 Other viral pneumonia<br><input type="checkbox"/> J20.8 Acute bronchitis due to other specified organisms<br><input type="checkbox"/> J22 Unspecified acute lower respiratory infection<br><input type="checkbox"/> J80 Acute respiratory distress syndrome<br><input type="checkbox"/> R05 Cough<br><input type="checkbox"/> R06.02 Shortness of breath | <input type="checkbox"/> R50.9 Fever unspecified<br><input type="checkbox"/> Z03.818 Possible exposure to COVID-19, ruled out<br><input type="checkbox"/> Z11.59 Asymptomatic, no known exposure, results unknown or negative<br><input type="checkbox"/> Z20.828 Contact with and suspected exposure to other viral communicable disease |
|--|---|

\*Race and Ethnicity are required by certain states and the CDC

Accessioner Initials

1 \_\_\_\_\_ 2 \_\_\_\_\_

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE OR PASSPORT AND YOUR INSURANCE CARD FRONT AND BACK. IF YOU DO NOT HAVE INSURANCE, PLEASE WRITE "NO INSURANCE" IN THE SPACE ABOVE LABELED "PRIMARY INSURANCE". YOU MUST BRING THIS FORM ALONG WITH A PHOTOCOPY OF YOUR ID AND INSURANCE CARDS ON THE DAY OF TESTING