



PHYSICIAN'S NAME AND ADDRESS

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PATIENT'S INFORMATION *Please provide clear copies of patient photo ID and insurance card(s)*

STAT

PATIENT LAST NAME		FIRST NAME		MIDDLE
GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (M/D/Y)	MOBILE PHONE	E-MAIL	
ADDRESS				APT:#
CITY			STATE	ZIP

SPECIMEN COLLECTION

INSURANCE INFORMATION

DATE ____/____/____
TIME <input type="checkbox"/> AM <input type="checkbox"/> PM

<input type="checkbox"/> BILL INSURANCE	PRIMARY INSURANCE	SECONDARY INSURANCE
<input type="checkbox"/> BILL PATIENT	INSURANCE	
<input type="checkbox"/> BILL MEDICAL PRACTICE	MEMBER ID	

RESPIRATORY PANELS (PATHOGEN)

<input type="checkbox"/> <b>2019 NOVEL CORONAVIRUS DISEASE (COVID-19)</b> <b>C455</b> Nasopharyngeal swabs	SARS-CoV-2	
<input type="checkbox"/> <b>FLU + RSV PANEL</b> <b>FLU</b> Nasopharyngeal swabs (Cannot be ordered with RPP2)	Influenza A Influenza B Respiratory Syncytial Virus (RSV)	Influenza A virus subtype H1 Influenza A virus subtype H3 Influenza A virus subtype H1pdm09
<input type="checkbox"/> <b>RESPIRATORY PATHOGEN PANEL</b> <b>RPP2</b> Nasopharyngeal swabs	<input type="checkbox"/> <b>FLU + RSV Panel (FLU)</b> Influenza A virus (Flu A) Influenza B virus (Flu B) Respiratory syncytial virus A (RSV A) Respiratory syncytial virus B (RSV B) Influenza A subtype H1 (Flu A-H1) Influenza A subtype H3 (Flu A-H3) Influenza A subtype H1pdm09 (H1pdm09)	<input type="checkbox"/> <b>Para-Influenza Viruses (PVIR)</b> Human parainfluenza virus 1 (PIV1) Human parainfluenza virus 2 (PIV2) Human parainfluenza virus 3 (PIV3) Human parainfluenza virus 4 (PIV4)
<input type="checkbox"/> <b>GROUP A STREPTOCOCCUS</b> <b>7500</b> Throat swab (eSwab)	Streptococcus pyogenes	<input type="checkbox"/> <b>Bocavirus/Adenovirus (ADVB)</b> Human bocavirus 1/2/3/4 (HBoV) Human adenovirus (AdV)
	<input type="checkbox"/> <b>Corona Viruses (CVIR)</b> Human coronavirus 229E (229E) Human coronavirus NL63 (NL63) Human coronavirus OC43 (OC43)	<input type="checkbox"/> <b>Respiratory Bacterial Panel (RBP)</b> Chlamydomphila pneumoniae (CP) Mycoplasma pneumoniae (MP) Legionella pneumophila (LP) Bordetella pertussis (BP) Bordetella parapertussis (BPP) Streptococcus pneumoniae (SP) Haemophilus influenzae (HI)

DIAGNOSES (ICD-10 CODES)


*Please order only if medically necessary and appropriate for individual patients*

PHYSICIAN'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_