



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

RESPIRATORY PANELS (PATHOGEN)

<input type="checkbox"/> 2019 NOVEL CORONAVIRUS DISEASE (COVID-19) C455 Nasopharyngeal swabs	SARS-CoV-2
<input type="checkbox"/> FLU PANEL U650 Nasopharyngeal swabs (Cannot be ordered with RPP)	Influenza A Influenza B Respiratory Syncytial Virus (RSV)
<input type="checkbox"/> RESPIRATORY PATHOGEN PANEL RPP Nasopharyngeal swabs	<input type="checkbox"/> FLU + RSV Panel (FLUN) Influenza A Influenza B Influenza A subtype H1 Influenza A subtype H3 Resp.Syncytial Virus A Resp.Syncytial Virus B <input type="checkbox"/> Common Respiratory Viruses (RESN) Rhinovirus/Enterovirus Human Metapneumovirus <input type="checkbox"/> Bocavirus/Adenovirus (BAN) Human Bocavirus Adenovirus <input type="checkbox"/> Para-Influenza Viruses (PVN) Parainfluenza(PIV)1 Parainfluenza(PIV)2 Parainfluenza(PIV)3 Parainfluenza(PIV)4 <input type="checkbox"/> Corona Viruses (CORN) Coronavirus OC43 Coronavirus 229E Coronavirus HKU1 Coronavirus NL63 <input type="checkbox"/> Respiratory Bacterial Panel (RBPN) Mycoplasma pneumoniae Chlamydomphila pneumoniae Bordetella pertussis Bordetella parapertussis
<input type="checkbox"/> GROUP A STREPTOCOCCUS 7500 Throat swab (eSwab)	Streptococcus pyogenes

DIAGNOSES (ICD-10 CODES)

Please order only if medically necessary and appropriate for individual patients

PHYSICIAN'S SIGNATURE _____

DATE _____