



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

RESPIRATORY PANELS (PATHOGEN)

<input type="checkbox"/> C455 2019 NOVEL CORONAVIRUS DISEASE (COVID-19) Nasopharyngeal swabs	SARS-CoV-2	
<input type="checkbox"/> U650 FLU PANEL Nasopharyngeal swabs	Influenza A Influenza B Respiratory Syncytial Virus (RSV)	
<input type="checkbox"/> RPP2 RESPIRATORY PATHOGEN PANEL Nasopharyngeal swabs (Cannot be ordered with C455 and U650)	SARS-CoV-2 Influenza A virus (Flu A) Influenza B virus (Flu B) Human respiratory syncytial virus A (RSV A) Human respiratory syncytial virus B (RSV B) Human Influenza A virus subtype H1 (Flu A-H1) Human Influenza A virus subtype H3 (Flu A-H3) H1pdm09 (Flu A-H1pdm09) Human bocavirus 1/2/3/4 (HBoV) Human rhinovirus A/B/C (HRV)	Human coronavirus 229E (229E) Human coronavirus NL63 (NL63) Human coronavirus OC43 (OC43) Human adenovirus (AdV) Human enterovirus (HEV) Human metapneumovirus (MPV) Human parainfluenza virus 1 (Piv1) Human parainfluenza virus 2 (Piv2) Human parainfluenza virus 3 (Piv3) Human parainfluenza virus 4 (Piv4)
<input type="checkbox"/> RBP RESPIRATORY BACTERIAL PANEL Nasopharyngeal swabs	<input type="checkbox"/> Chlamydomphila pneumoniae (CP) <input type="checkbox"/> Mycoplasma pneumoniae (MP) <input type="checkbox"/> Legionella pneumophila (LP) <input type="checkbox"/> Bordetella pertussis (BP)	<input type="checkbox"/> Bordetella parapertusis (BPP) <input type="checkbox"/> Streptococcus pneumoniae (SP) <input type="checkbox"/> Haemophilus influenzae (HI)
<input type="checkbox"/> 7500 GROUP A STREPTOCOCCUS Throat swab (eSwab)	Streptococcus pyogenes	

DIAGNOSES (ICD-10 CODES)

PHYSICIAN'S SIGNATURE _____

DATE _____