

SARS-CoV-2 (COVID-19) REQUISITION FORM

PATIENT INFORMATION -

Patient First Name		Patient Last Name		Gender - F <input type="checkbox"/> M <input type="checkbox"/>	
Date of Birth (MM/DD/YYYY)	Phone Number	Email address	Social Security Number		
Address		City	State	Zip	

Ethnicity: African American Asian Caucasian Hispanic Jewish(Ashkenazi) Portuguese Other

PATIENT INSURANCE INFORMATION

- Attach patient demographics and copy of insurance card

Insurance Self-Pay Uninsured (HRSA)

Name of the insurance	Insurance Policy/ID number
Name of the insured	DOB of the insured
Driver's License Number	State ID number

SPECIMEN INFORMATION*

Nasopharynx Swab Saliva Oral swab

FACILITY/COLLECTION SITE INFORMATION

Facility/Collection Site name:.....

Physician/Medical Director name:

Facility/Collection Site Address:.....

City, State, Zip:.....

Phone:.....FAX:.....

NPI number:.....

Collection Date and Time:.....

Collector's name:.....

DIAGNOSIS (ICD-10) CODES

- | | | |
|--|---|---|
| <input type="checkbox"/> R05 Cough
<input type="checkbox"/> R06.02 Shortness of Breath
<input type="checkbox"/> R50.9 Fever, Unspecified
Pneumonia (COVID-19)
<input type="checkbox"/> J12.89 Pneumonia, Other viral pneumonia
<input type="checkbox"/> B97.29 Pneumonia, Other coronavirus
Lower Respiratory Infection (COVID-19)
<input type="checkbox"/> J22: Acute lower respiratory infection, Unspecified
<input type="checkbox"/> B97.29 Pneumonia, Other coronavirus | <input type="checkbox"/> J01.90 Acute Sinusitis, Unspecified
<input type="checkbox"/> J02.9 Acute Pharyngitis, Unspecified
<input type="checkbox"/> J06.9 Acute Upper Respiratory Infection, Unspecified
Acute Bronchitis (COVID-19)
<input type="checkbox"/> J20.8 Acute Bronchitis, Unspecified
<input type="checkbox"/> B97.29 Pneumonia, Other coronavirus
<input type="checkbox"/> Z20.822 Suspected exposure to COVID-19 | <input type="checkbox"/> J18.9 Pneumonia, Unspecified Organism
<input type="checkbox"/> J20.9 Acute Bronchitis, Unspecified
<input type="checkbox"/> JJ32.9 Chronic Sinusitis, Unspecified
Bronchitis (COVID-19)
<input type="checkbox"/> J40 Bronchitis, Unspecified
<input type="checkbox"/> B97.29 Pneumonia, Other coronavirus
<input type="checkbox"/> Z20.828 Known Exposure to COVID-19 |
|--|---|---|

WRITE - IN CODES

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PATIENT CONSENT AUTHORIZATION

I, _____, attest that I am uninsured and or do not have any health benefits coverage. I understand that signing this document while concealing insurance ownership constitutes fraud and is punishable by law.

I hereby acknowledge and understand that as a condition of my receiving a Coronavirus test through ELITE CLINICAL LABORATORY LLC, I must submit a consent and form of identification for submission under Covid Uninsured Claim Program for reimbursement to ELITE CLINICAL LABORATORY. At this time of signing this for, I do not currently have the Insurance and have not paid a cash price for the test to be performed. I attest that all written information on this attestation is completely true and accurate to the best of my knowledge.

(***If the member has health plan benefits coverage, we still need the signature below***)

Patient Signature Here:

Date:

PROVIDER INFORMATION

As part of my antibiotic stewardship policy, I find it medically necessary to rapidly determine and differentiate a viral and/or bacterial infection in order to treat with or without appropriate antibiotics. Having the most accurate and timely data available to me directly guides my treatment and patient management. Empiric treatment and management leads to inappropriate and unnecessary antibiotic use (50% according to the CDC) and delayed diagnosis which can lead to severe consequences. Standard antibody/antigen detection is only available to detect few pathogens and comes with a high false negative rate, relatively lower sensitivity (60-70%) and specificity (80-90%). In addition, standard antibody/antigen detection requires the infection to be present for days allowing the body to make ample antibodies in order to detect. Qualitative Nucleic Acid Amplification Testing (NAAT) is far superior with sensitivities and specificities > 98% and available to detect many pathogens. In addition, NAAT has built in controls to determine if an adequate patient sample was collected and processed, therefore greatly reducing false negative results. NAAT also includes controls to easily determine a contaminated sample, therefore reducing false positive results.

Ordering Physician Signature:

Date: