

# SARS-CoV-2 (COVID-19) Requisition

All information below is **required** by the U.S. Health and Human Services (HHS) Department and Centers for Disease Control (CDC).



## PATIENT INFORMATION

Patient Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  Female  Male  
Patient Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Patient I.D. (optional) \_\_\_\_\_ Patient Phone # \_\_\_\_\_

## PATIENT RACE (REQUIRED BY HHS AND CDC)

- American Indian or Alaskan Native (AI)  Native Hawaiian or Other Pacific Islander (PI)  
 Asian (AS)  White (W)  
 Black or African American (B)  Multiple/Other (O)

## PATIENT ETHNICITY (REQUIRED BY HHS AND CDC)

- Hispanic/Latino (H)  Non-Hispanic/Latino (N)  Unspecified/Not Given/Refused (U)

## COVID-19 CLINICAL HISTORY (REQUIRED BY HHS AND CDC)

- First Test?  YES  NO  UNKNOWN  
Employed in Healthcare?  YES  NO  UNKNOWN  
Symptomatic as defined by CDC?  YES  NO  UNKNOWN  
If YES, then date of symptom onset (mm/dd/yy): / /   
Hospitalized for COVID-19?  YES  NO  UNKNOWN  
ICU for COVID-19?  YES  NO  UNKNOWN  
Resident in congregate care setting?  YES  NO  UNKNOWN  
Pregnant?  YES  NO  UNKNOWN

## BILLING AND INSURANCE

- Client Bill  Insurance Bill (attach copy of card)  Uninsured Patient (complete section below for HRSA coverage)
- ICD-10 Diagnosis \_\_\_\_\_ ICD-10 Diagnosis \_\_\_\_\_ ICD-10 Diagnosis \_\_\_\_\_ ICD-10 Diagnosis \_\_\_\_\_
- Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out  
 Z20.828 Contact with and (suspected) exposure to other viral communicable diseases  
 Z11.59 Encounter for screening for other viral diseases (asymptomatic)

## INSURANCE INFORMATION (IF APPLICABLE)

Primary Insurance Name \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_ Member ID \_\_\_\_\_ Group # \_\_\_\_\_

## UNINSURED PATIENT INFORMATION

Driver License # \_\_\_\_\_ State of Issuance \_\_\_\_\_

## TESTING OPTIONS

### PCR and PCR/Influenza:

- 39429 SARS-COV-2 (COVID-19) BY RT-PCR (Please specify SOURCE below):  
Source:  Anterior Nares (AN)  Bronchoalveolar Lavage (BAL)  Nasal Turbinate (NT)  Nasopharyngeal (NP)  
 Oropharyngeal (OP)  Tracheal Aspirate (TASP)  Sputum (SP)
- 39439 COVID 19 / INFLUENZA A/B, NAAT (Please specify SOURCE below):  
Source:  Anterior Nares (AN)  Nasal Turbinate (NT)  Nasopharyngeal (NP)

### Serology Offerings:

- 39433 SARS-COV-2 IGG (ABBOTT)  
 39432 SARS-COV-2 IGG (EUROIMMUN)  
 39434 SARS-COV-2 ANTIBODIES (ROCHE)  
 39444 SARS-COV-2 S TOTAL ANTIBODY (SPIKE S ANTIBODY) (ROCHE)

## HOW TO PROPERLY FILL OUT THIS FORM

### CORRECT WAY:

- Fill circle all the way
- No marks outside of the lines
- Use a black ink pen

### UNACCEPTABLE WAYS:



## ACCOUNT INFORMATION

Account #:

Client Name:

Client Address:

Ordering Provider

Ordering Provider Phone #

## COLLECTION DETAILS

Date Collected \_\_\_\_\_ Time Collected \_\_\_\_\_

ACCESSION LABEL