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# Comprehensive Respiratory Requisition

## Physician Information

## Patient Information

Patient Name: \_\_\_\_\_  
(Last Name, First Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone#: \_\_\_\_\_

Gender:  Male  Female SS#: \_\_\_\_\_

## Requesting Physician's Signature

X \_\_\_\_\_

## Collection Information

Collection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ am/pm

Collection Site:  Office  Home  ASC  Urgent Care  Drive-Thru

## Race & Ethnicity

American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  
 Hispanic  Non-Hispanic  White  Refused  Unknown  Other: \_\_\_\_\_

## Billing Information (Please attach copies of all cards, front and back)

**PRIMARY**  Billing Information Attached

Medicare  Medicaid  Other  Client Bill  Patient Bill  Do Not Bill  Uninsured-COVID  Indigent

Insurance Carrier: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**SECONDARY**

Other Insurance: \_\_\_\_\_

**Note:** The following diagnosis codes are listed as a convenience only. Ordering physicians are **REQUIRED** to use the ICD-10 code that best describes the reason for performing the test, whether or not that code is listed below.

**COVID-19 ONLY (PCR)**

**COVID-19 (SCREENING/ASYMPTOMATIC) ICD-10**

Z11.59 Encounter for screening for other viral diseases (asymptomatic)

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 (confirmed exposure to COVID-19)

Z01.818 Encounter for other preprocedural examination

U07.1 2019-nCoV Acute Respiratory Disease

Other \_\_\_\_\_

**Respiratory (SYMPTOM) ICD-10**

R05 Cough

R06.02 Shortness of breath

R50.9 Fever Unspecified

J11.1 Flu Like Symptoms

J06.9 Acute upper respiratory infection, unspecified

J02.9 Pharyngitis, unspecified

J20.8 Acute bronchitis due to other specified organisms

J12.89 Other viral pneumonia

J22 Unspecified acute lower respiratory infection

Other \_\_\_\_\_

**Upper Respiratory Pathogen Panel (RP2.1) with COVID-19 (see list on back)**

**Upper Respiratory Tests**

RSV Only  Flu A/B Only  Flu A/B & RSV

**Respiratory (SYMPTOM) ICD-10**

R05 Cough

R06.02 Shortness of breath

R50.9 Fever Unspecified

J11.1 Flu Like Symptoms

J06.9 Acute upper respiratory infection, unspecified

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J20.8 Acute bronchitis due to other specified organisms

J12.89 Other viral pneumonia

J22 Unspecified acute lower respiratory infection

Other \_\_\_\_\_

**COVID-19 (Antibody)**

IgG  IgG/IgM

### SPECIMEN REQUISITION & LABEL INSTRUCTIONS:

1. Fully complete requisition form with all required information.
2. Complete specimen label with patients date of birth and full name.
3. Remove label and place barcoded label VERTICALLY on the specimen vial (not on the lid)

\* Please ensure the patients date of birth and full name is indicated so that both the label and requisition match. Two patient identifiers are required on each specimen submitted. The unique barcode identifies the patient with this requisition form.

*For Lab Use Only*

SWAB  
G2023 Specimen collect COVID-19

**FOR UNINSURED PATIENTS:** If you want A2Z Diagnostics to bill the CARES ACT Provider Relief Fund for uninsured patients, you MUST provide the following information.  Patient Social Security  State Driver License  State ID

I have verified and attest to the best of my knowledge that this patient does not have coverage through an individual, employer-sponsored plan, Federal Employee Health Benefits Program, federal health program, Medicare or Medicaid, and no other payer will reimburse for COVID-19 antibody testing at the time the test was ordered:  YES  NO

**Specimens will not be processed without a Health Care Providers signature and ICD-10 code**

## **Upper Respiratory Pathogen Panel (RP2.1) with COVID-19**

### **BACTERIA**

- Bordetella pertussis
- Chlamydomphila pneumoniae
- Mycoplasma pneumoniae
- Bordetella parapertussis Viruses

### **VIRUSES**

- Adenovirus
- Coronavirus HKU1
- Coronavirus NL63
- Coronavirus 229E
- Coronavirus OC43
- Coronavirus SARS-CoV-2
- Human Metapneumovirus
- Human Rhinovirus/Enterovirus
- Influenza A
- Influenza A/H1
- Influenza A/H3
- Influenza A/H1-2009
- Influenza B
- Parainfluenza Virus 1
- Parainfluenza Virus 2
- Parainfluenza Virus 3
- Parainfluenza Virus 4
- Respiratory Syncytial Virus