A2Z DIAGNOSTICS
Excellence. It's In Our DNA.

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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 ☐ African American ☐ Native Hawaiian or other Pacific Islander
☐ Hispanic ☐ White ☐ Refused ☐ Other: _____

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

PRIMARY ☐ **Billing Information Attached**
☐ **Medicare** ☐ **Medicaid** ☐ **Commercial** ☐ **Client Bill** ☐ **Patient 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	
☐ Z20.822	Contact with and (suspected) exposure to COVID-19
☐ Z01.812 ☐ Z20.822	Encounter for preprocedural laboratory examination
☐ Z86.16	Personal history of COVID-19
☐ U07.1	2019-nCoV Acute Respiratory Disease
☐ J12.82	Pneumonia due to Coronavirus Disease 2019
☐ 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

☐ **COVID-19 (Antibody)**

☐ IgG/IgM

Respiratory (SYMPTOM) ICD-10	
☐ R05	Cough
☐ R06.02	Shortness of breath
☐ R50.9	Fever Unspecified
☐ J11.1	Flu Like Symptoms
☐ R07.0	Pain in the throat
☐ J02.9	Pharyngitis, unspecified
☐ J20.8	Acute bronchitis due to other specified organisms
☐ R09.81	Nasal congestion
☐ R43.9	Unspecified disturbances of smell and taste
☐ R68.83	Chills (without fever)
☐ Other	_____

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
- Chlamydophila 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