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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 **Passport#:** _____

Email: _____

Requesting Physician's Signature

X _____

Collection Information

Collection Date: ____ / ____ / ____ **Time:** ____ am/pm

Collection Site: Office Home ASC Urgent Care Drive-Thru

Specimens will not be processed without a Health Care Provider's signature and ICD-10 code

Race & Ethnicity

American Indian or Alaskan Native Asian African American Hispanic White Refused Other: _____

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

PRIMARY **Billing Information Attached**

Medicare **Medicaid** **Commercial** **Client Bill** **Uninsured-COVID**

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.

COLLECTION TYPE:

Nasopharyngeal Nasal Oropharyngeal Saliva

COVID ONLY

COVID-19 (PCR)

COVID-19 (SCREENING/ASYMPTOMATIC) ICD-10

- Z20.822 Contact with and [suspected] exposure to COVID-19
 Z86.16 Personal history of COVID-19
 U07.1 2019-nCoV Acute Respiratory Disease
 J12.82 Pneumonia due to Coronavirus Disease 2019
 Other _____

COVID-19 ANTIGEN

COVID-19 (SCREENING/ASYMPTOMATIC) ICD-10

- Z20.822 Contact with and [suspected] exposure to COVID-19
 Z86.16 Personal history of COVID-19
 U07.1 2019-nCoV Acute Respiratory Disease
 J12.82 Pneumonia due to Coronavirus Disease 2019
 Other _____

COVID-19 (Antibody)

IgG/IgM

OTHER TESTS (SELECT ONE)

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
 R07.0 Pain in 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

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

BACTERIA

- Bordetella pertussis
- Chlamydia 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