A2Z DIAGNOSTICS
Excellence. It's In Our DNA.

6 Industrial Way West
Suite F19
Eatontown, NJ 07724
P: 732-542-3200
F:866-495-9427
www.yourgotolab.com

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

Parent/Guardian Consent for ALL patients under 18 Y.O. to Receive Test Results via Text and/or Email

Parent/Guardian Name (Last Name, First Name): ______________________ DOB: ___ /___ /___

Phone#: ______________________ Email: ______________________

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)

☐ **Billing Information Attached** ☐ **Medicare** ☐ **Medicaid** ☐ **Commercial** ☐ **Client Bill** ☐ **Uninsured-COVID**

Insurance Carrier: ______________ Policy/ID #: ______________ Group #: ______________

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	
☐ R05.1	Cough
☐ R05.3	Chronic cough
☐ R06.02	Shortness of breath
☐ R50.9	Fever Unspecified
☐ J11.1	Flu Like Symptoms
☐ 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