NORTHWEST LABORATORY
Medical Laboratory Testing
3548 Meridian Street, Suite 101, Bellingham, WA 98225
360.527.5480 | www.nwlaboratory.com

LABORATORY REQUISITION FORM

Required fields are marked with *

Medical Director: Kelly A Lloyd, MD
CLIA # 50D2158817

PATIENT INFORMATION

FIRST NAME*	LAST NAME*
GENDER* ☐ Female ☐ Male	DOB*

If Female, are you pregnant? ☐ Yes ☐ No

RACE* ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other Race ___________

ETHNICITY* ☐ **Hispanic or Latino** ☐ Not Hispanic or Latino ☐ Not Disclosed

STREET ADDRESS*

APT./UNIT

CITY*	STATE*	ZIP*

COUNTY OF RESIDENCE*

PHONE*	SSN

CLIENT INFORMATION

CLIENT CODE	CLIENT NAME

STREET ADDRESS

CITY	STATE	ZIP

PHONE	FAX
COPY TO PROVIDER NAME	FAX
ORDERING PROVIDER	NPI #

INSURANCE INFORMATION

Client Bill

INSURANCE COMPANY (Name/Billing Address)

Insurance ID Number

Name of Insured & Relationship (if other than patient)

Insured Date of Birth	Medicare Advance Beneficiary Notice of Noncoverage (ABN) -Refer to policies published by your Medicare AdministrativeContractor or CMS when ordering tests that are subject to ABNguidelines.
ICD 10 Codes REQUIRED (Enter all that apply)	Please select: ☐ Client Bill ☐ Private Pay ☐ Insurance

COLLECTION INFORMATION

Please refer to CDC website: (https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html) for guidance on preferred collection methods/sites and acceptable methods/sites. Some collection sites will be considered off-label based on the initial EUA authorization of the assay but are considered acceptable based upon the CDC guidance. CDC guidance is changing frequently - please refer to their website for most recent information.

COMMON DIAGNOSIS CODES

Code	Description
☐ R05	Cough
☐ R06.02	Shortness of breath
☐ R50.9	Fever, unspecified
☐ J02.9	Acute pharyngitis, unspecified
☐ J06.9	Acute upper respiratory infection, unspecified
☐ J20.9	Acute bronchitis, unspecified
☐ J22	Unspecified acute lower respiratory infection
☐ J80	Acute respiratory distress

SCREENING CODES

Code	Description
☐ Z11.59	COVID-19 Screening - no symptoms
☐ Z20.828	COVID-19 Screening - confirmed exposure
☐ Z03.818	COVID-19 - possible exposure

The listed are common diagnosis codes related to screening for the coronavirus. They are intended for informational purposes only and should be used in conjunction with current ICD-10-CMS coding guidelines

SPECIMEN INFORMATION

TEST REQUESTED ☐ Single-panel COVID-19 RT-PCR Test	CALL POSITIVE RESULTS TO - Specify if contact after-hours is different	
COLLECTOR NAME	COLLECTION DATE*	COLLECTIONTIME

SPECIMEN TYPE* ☐ Nasalpharyngeal swab ☐ Oralpharyngeal swab ☐ Nasal swab ☐ Saliva ☐ Other ________________

SPECIMEN TRANSPORT MEDIA* ☐ UTM/VTM ☐ MTM ☐ Saline ☐ Other ________________