

LABORATORY REQUISITION FORM

*Required fields are marked with **

PATIENT INFORMATION			CLIENT INFORMATION		
FIRST NAME*	LAST NAME*		CLIENT CODE	CLIENT NAME	
GENDER* <input type="checkbox"/> Female <input type="checkbox"/> Male		DOB*	STREET ADDRESS		
If female, are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No					
RACE* (required for COVID-19 only) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other			CITY	STATE	ZIP
ETHNICITY* (required for COVID-19 only) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Not Disclosed			PHONE	FAX	
STREET ADDRESS*		APT/UNIT	ORDERING PROVIDER		NPI #
CITY*		STATE*	COPY TO PROVIDER NAME		FAX
PHONE*		SSN	BILLING INFORMATION* (must select one)		
			<input type="checkbox"/> Bill Client—		
			<input type="checkbox"/> Bill Patient (Private Pay)		
			<input type="checkbox"/> Bill Insurance—Attach copy of Insurance Card		
			Name of Insurance _____		
			Insurance Address _____		
			Insurance Phone _____		
			Member ID Number _____		
			Member Group Number (if applicable) _____		
			Name of Insured (if other than patient) _____		
			Relationship to Patient _____		
			Insured Date of Birth _____		
			<input type="checkbox"/> Bill to COVID-19 HRSA Uninsured Fund (COVID-19 only)		
			<i>In order to qualify for this fund, patient cannot be covered under any other insurance including Medicare/Medicaid, employer or spouse coverage. If patient is found to have other coverage, we will attempt to bill insurance first and then we will bill the patient.</i>		
			State ID or SSN _____		
			<i>(Required— must be issued by a U.S. State)</i>		
			Screening Code (Must Choose One for HRSA)		
			<input type="checkbox"/> Z11.59 Screening, no symptoms		
			<input type="checkbox"/> Z20.828 Screening, confirmed exposure		
			<input type="checkbox"/> Z03.818 Screening, possible exposure		

CALL POSITIVE RESULTS TO

ICD-10 CODES (required to bill insurance)

- Z20.822 Contact with and suspected exposure to COVID-19
- Z11.52 Asymptomatic, screening for COVID-19
- Z03.818 Encounter for observation for suspected exposure to other biological agents rule out exposure to COVID-19
- Z86.16 Personal history of COVID-19
- R05 Cough
- R06.02 Shortness of breath
- R50.9 Fever, unspecified
- J02.9 Acute pharyngitis, unspecified
- J20.9 Acute bronchitis, unspecified
- J80 Acute respiratory distress
- Other _____