

Physician Information

Practice Name _____

Physician Name _____

NPI # _____

Office Phone _____

Name of Office Contact _____

X _____

Requesting Physician's Signature

Patient Information

Patient Name _____
(First Name, Last Name)

Address _____

City _____ State _____ Zip _____

Cell # _____

☐ You agree to be contacted via automated system with telephone calls or text messages regarding your lab order. You may opt out of receiving calls or texts by texting STOP or calling (855) 436-8979.

SS# _____

Date of Birth ____ / ____ / ____ Gender: ☐ Male ☐ Female

Drug Allergy(ies): ☐ NKA _____

Collection Information

Collection Date ____ / ____ / ____

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

PRIMARY

☐ Medicare ☐ Medicaid ☐ Insurance ☐ Self Pay ☐ Ordering Physician ☐ Billing Information Attached

Insurance Carrier _____ Policy/ID# _____ Group# _____

SECONDARY

☐ Medicare ☐ Medicaid ☐ Insurance ☐ Self Pay ☐ Ordering Physician (no ins. info needed)

ICD-10 CODE(S) _____

(See list on reverse side for references.)

☐ Respiratory Pathogen Panel plus COVID-19

☐ Respiratory Pathogen Panel

Viral Targets

Influenza A	Rhinovirus/Enterovirus	Adenovirus
Influenza A H1	Parainfluenza virus 1	Coronavirus HKU1
Influenza A H3	Parainfluenza virus 2	Coronavirus NL63
Influenza B	Parainfluenza virus 3	Coronavirus 229E
Respiratory Syncytial Virus A	Parainfluenza virus 4	Coronavirus OC43
Respiratory Syncytial Virus B	Human Metapneumovirus	Human Bocavirus

Bacterial Targets

Chlamydomphila pneumoniae	Mycoplasma pneumoniae	Legionella pneumoniae
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☐ COVID - 19 Only

☐ Group A Strep

☐ Bordetella Pertussis/Parapertussis

☐ Flu A/B and RSV

SPECIMEN LABEL INSTRUCTIONS:

1. Complete required information above (highlighted areas and test request).
2. Remove labels and place one bar coded label VERTICALLY on each specimen vial (not on the lid).
3. Please discard any unused labels. The unique barcode identifies the patient with this requisition.

Please ensure the patient name, test request and specimen source is indicated so that both the label and registration match. Two patient identifiers are required on each specimen submitted.

*ADVANCE BENEFICIARY NOTICE INSTRUCTIONS

All tests on this form are subject to coverage limitations by Medicare and may require that an Advance Beneficiary Notice (ABN) be signed by the patient prior to obtaining the specimen. When ordered tests are likely to be denied by Medicare, please complete a separate ABN with the patient's signature and date, submitting it with this requisition.

NOTE: For the convenience of the ordering physicians, the below ICD-10 codes are listed. Physicians are not required to use these codes but should report the diagnostic codes that best describes the reason for performing the test.

RPP DIAGNOSIS ICD 10 CODES

MARK (✓)	ICD-10	DESCRIPTION
	J12.89	Viral Pneumonia
	B97.29	Other Viral Pneumonia
	J20.8	Acute Bronchitis
	B97.29	Acute bronchitis due to other specified organisms
	NOS – J22	Lower Respiratory Infection
	B97.29	Unspecified acute lower respiratory infection
	J80, B97.29	Acute Respiratory Distress Syndrome (ARDS)
	Z20.828	Exposure to COVID19
	R05	Cough
	R06.02	Shortness of Breath
	R50.9	Fever