NON-NY-SARS-COV2 -TESTING REQUISITION

Collection Loc: **17649 - RELIANT CARE SOLUTIONS / ACCESSIBLE PHARMACY SERVICES FOR THE BLIND**
Phone # **215.799.9900** Fax # **215.547.1722**

Collection Loc Add: **403 S OXFORD VALLEY RD, STE 2, FAIRLESS HILLS PA 19030**

Ordering Loc[Name & Add]:

Ordering Physician Name & NPI:

Ordering Loc Ph # Fax # Collection Date & Time: / / : AM / PM

Scheduled Surgery Date:

***Patient Name - Last:** **First:** **M:**

***Patient DOB: / /** ***Sex: [ ] F [ ] M** ***Patient Phone #**

***Race:** ***Ethnicity:**

***Patient Address:**

***Zip Code:** ***State:** ***City:**

***Insurance Plan:** ***Product:** ***Policy ID:**

Mandatory information required by State and Federal agencies

***Employed in HealthCare: [ ] Y [ ] N [ ] U**

***Is this patient's first COVID test? [ ] Y [ ] N [ ] U** ***Is patient hospitalized? [ ] Y [ ] N [ ] U**

***Is patient symptomatic? [ ] Y [ ] N [ ] U** ***When did symptoms start? / /**

***Is patient pregnant? [ ] Y [ ] N [ ] U**

***Does the patient reside in a congregate care setting (including but not limited to: nursing homes, homeless shelters, group homes)? [ ] Y [ ] N [ ] U**

TESTS: [ ] 08139 – SWAB, SARS-COV-2 COVID19 BY PCR [ ] SR008138 – SALIVARY, SARS-COV-2 COVID-19 BY PCR
[ ] 02684 – SARS-COV-2 COVID-19 ANTIBODIES, TOTAL W/REFLEX TYPE SPECIFIC IgG/IgM ANTIBODIES

(Coverage Policy Must Have Exposure) – Please select ONE and ONLY ONE

[ ] Z20.828 - Contact with and suspected exposure to other viral communicable diseases

[ ] Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure to Covid-19)

[ ] Z11.59 - Encounter for screening for other viral diseases

Symptoms and Risk Factors – Check all that apply

[ ] E11.9 Type 2 diabetes mellitus without complications	[ ] D84.9 Immunodeficiency, unspecified	[ ] R09.81 Nasal congestion	[ ] R10.9 Unspecified abdominal pain	[ ] I51.9 Heart Disease	[ ] R43.9 Unspecified disturbances of smell and taste
[ ] J44.9 Chronic obstructive pulmonary disease, unspecified	[ ] R50.9 Fever, unspecified	[ ] R07.0 Pain in throat	[ ] R53.83 Other fatigue	[ ] R05 Cough	[ ] R19.7 Diarrhea, unspecified
[ ] N18.9 Chronic kidney disease, unspecified	[ ] R06.02 Shortness of breath	[ ] M79.1 Myalgia	[ ] R11.2 Nausea with vomiting, unspecified	[ ] R51 Headache	

Other/Comments:

Physician Signature:

APTIMA MULTI-TEST ORANGE SWAB WILL *ONLY* BE ACCEPTED BY RUCDR/ACCURATE DIAGNOSTIC LABS FOR THEIR PROPRIETARY COVID-19 TEST.