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PATIENT INFORMATION				CLIENT INFORMATION			
LAST NAME		FIRST NAME		MI	LLC ACCOUNT #	NAME OF LLC	
DATE OF BIRTH		MRN/PT.CHART#		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		ORDERING PHYSICIAN / NPI #	
STREET ADDRESS				CLIENT ADDRESS			
CITY				STATE		ZIP	
HOME PHONE #		WORK PHONE #		DATE COLLECTED			
				TIME COLLECTED <input type="checkbox"/> AM <input type="checkbox"/> PM			
				ICD-10 CODE(S):			

INSURANCE INFORMATION			
PRIMARY INSURANCE NAME		SECONDARY INSURANCE NAME	
STREET ADDRESS		CITY / STATE / ZIP	
GROUP NUMBER		POLICY NUMBER	
NAME OF POLICY HOLDER		NAME OF POLICY HOLDER	

CLINICAL HISTORY / PERTINENT CLINICAL INFORMATION

SAMPLE/SPECIMEN
SOURCE(S):

RESPIRATORY MOLECULAR MICROBIOLOGY TESTS
<input type="checkbox"/> Combo I: COVID-19/SARS-COV-2 and FLU A/B/RSV (Influenza)
<input type="checkbox"/> Only COVID-19/SARS-COV-2
<input type="checkbox"/> Only FLU A/B/RSV (Influenza)
<input type="checkbox"/> Paraflu (Parainfluenza)
<input type="checkbox"/> ADV/hMPV/RV (Adenovirus, Human Metapneumovirus, Rhinovirus)
<input type="checkbox"/> All the ABOVE respiratory tests

MICROBIOLOGY MOLECULAR TESTS
<input type="checkbox"/> Chlamydia (CT) and N. Gonorrhea (NG) Panel – URINE (Collect in Yellow Aptima)
<input type="checkbox"/> Combo/Micro Panel – VAGINAL on Orange Aptima Includes: Candida SP. (CV) Trichomonas Vaginalis (TV) B. Vaginosis Panel (BV)
<input type="checkbox"/> Chlamydia (CT) and N. Gonorrhea (NG) Panel – VAGINAL on Orange Aptima
<input type="checkbox"/> Herpes Simplex Virus (HSV) – VAGINAL on Orange Aptima

Note: when ordering tests for which Medicare reimbursement will be sought, physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>A</b>	00000000	<b>B</b>	00000000
_____	_____	_____	_____
Patient Name	D.O.B.	Patient Name	D.O.B.
<b>C</b>	00000000	<b>D</b>	00000000
_____	_____	_____	_____
Patient Name	D.O.B.	Patient Name	D.O.B.