



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

INSURANCE INFORMATION			
PRIMARY INSURANCE NAME		SECONDARY INSURANCE NAME	
STREET ADDRESS		CITY / STATE / ZIP	
STREET ADDRESS		CITY / STATE / ZIP	
GROUP NUMBER	POLICY NUMBER	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"/> Parafllu (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. Gonorrhoea (NG) Panel - URINE (Collect in Yellow Aptima)	<input type="checkbox"/> Trichomonas Vaginalis - 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. Gonorrhoea (NG) Panel - VAGINAL on Orange Aptima
	<input type="checkbox"/> Herpes Simplex Virus (HSV) - VAGINAL on Orange Aptima
	<input type="checkbox"/> Mycoplasma Genitalium (Mgen) - VAGINAL on Orange Aptima
	<input type="checkbox"/> Group B Streptococcal (GBS) - Liquid Amies or Liquid Stuart transport medium

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: _____

	M010901		M010901		M010901		M010901
A	M010901	B	M010901	C	M010901	D	M010901
_____	_____	_____	_____	_____	_____	_____	_____
Patient Name	D.O.B.	Patient Name	D.O.B.	Patient Name	D.O.B.	Patient Name	D.O.B.