



RESPIRATORY SARS-COVID-19 TEST REQUISITION FORM

PATIENT INFORMATION			PROVIDER INFORMATION	
Last Name _____	First Name _____	MI _____	Facility/Group _____	Referring Physician _____
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M/F <input type="checkbox"/> F/M Date of Birth ____/____/____			NPI Provider Nr: _____	
Patient Address _____			Physician Address _____	
City, State, ZIP code _____			City, State, ZIP code _____	
Occupation/Exposure setting: _____			Diagnostic Codes (ICD-10 codes*** see Page 3) _____	
Pregnancy Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			Clinical Information** (date of onset/exposure, travel history, previous lab results – attach additional info.) _____	
Race: <input type="checkbox"/> Amer Ind/Alaskan <input type="checkbox"/> White <input type="checkbox"/> Black/Afr Amer <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other				
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Other				
Billing information: <input type="checkbox"/> Self-Pay (see Page 2) <input type="checkbox"/> Commercial Insurance (attach copy) <input type="checkbox"/> Medicare (attach copy)				

RESPIRATORY PANEL SARS-COVID-19 (check all that apply):

Current Coronavirus “SARS-CoV-2”: ORF1ab (RdRp/nsp10), E gene and N gene

SAMPLE HANDLING	
Time Collected: _____ AM/PM Date Collected: _____	The following MUST be completed (check all that apply):
Collected by: _____	<input type="checkbox"/> Clinical Information provided.
	<input type="checkbox"/> Nasal, Oro-/Nasopharyngeal swab placed in transport medium and in biohazard bag (labeled with patient information – First/Last Name, DOB). If submitting to lab within 24 hours place swab back into sleeve and then in biohazard bag.

INFORMED CONSENT	PROVIDER INFORMATION
I consent to the collection of specimens for the purpose of DNA testing, and certify that the tests ordered have been explained to me by an authorized health care provider. I understand that only tests ordered by a qualified provider will be performed. This sample may be stored indefinitely and used for internal test validation after personal identifiers have been removed. I also authorize lab to bill my insurance provider and to receive payment of benefits for the tests ordered by my physician. I further authorize lab and the ordering physician to release to my insurance provider any medical information necessary to process this claim. I acknowledge that lab may be an out-of-network facility with my insurance provider.	I attest that the requested testing is medically necessary and appropriate based on the patient’s diagnosis and treatment plan. I have personally completed the diagnosis codes above to indicate the accurate diagnosis for this patient.
Signature of Patient or Legal Guardian: If Guardian, Print Name: Date: _____	Authorized Provider Signature: Date: _____

BILLING INFORMATION

Insurance Bill Account Bill Patient Bill Pre-Pay (Payment Information must be completed)

Ordering Physicians should refer to applicable National and Local Coverage Determinations for further information concerning reimbursement policy. Tests submitted for Medicare and Medicaid reimbursement must meet program requirements (ICD10-codes required) or the claim may be denied.

Bill Ordering Institution: _____ Bill Insurance: _____

(Provide legible photocopy of front & back of insurance card)

Name of Insured: _____ Relation to Patient: _____ Insurance Company: _____ Member _____

Social Security #: _____ Member Group #: _____ Insurance Address: _____ Member Policy #: _____

Insurance Phone: _____

PAYMENT INFORMATION (PRE-PAY)

Check Card Used for Payment: _____ VISA MasterCard American Express Discover

Card Number: _____ Card Security Code: _____

Signature: _____ Exp. Date: _____

(*) Designates Bacterial targets

(**) Priority COVID-19 Testing Groups if mild/moderate symptoms observed (Fever, Cough, etc.):

- Evidence of lower respiratory disease without alternative diagnosis, especially if hospitalized
- Any resident of a senior living facility, including skilled nursing facilities or assisted living facilities
- Persons who care for the elderly
- Persons living in congregate setting (homeless shelters, etc.)
- Health care workers, first responders, and other emergency workers

Test information:

NxTAG® Respiratory SARS-CoV-2 (COVID-19): The NxTAG® CoV Extended Panel (NxTAG CoV) is an EUA-approved (In Vitro Diagnostic Use Under Emergency Use Authorization) test authorized by the FDA under an EUA for use by authorized laboratories. This test has been authorized only for the detection of nucleic acid from SARS-CoV-2, not for any other viruses or pathogens. incorporates multiplex Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) with the Luminex® proprietary universal tag sorting system on the Luminex platform to easily detect SARS-CoV-2s. Extracted total nucleic acid is added to pre-plated, Lyophilized Bead Reagents (LBRs) and mixed to resuspend the reaction reagents. The reaction is amplified via RT-PCR and the reaction product undergoes near simultaneous bead hybridization within the sealed reaction well. The hybridized, tagged beads are then sorted and read on the MAGPIX® instrument. **Sensitivity:** The Limit of Detection (LoD) study established the lowest SARS-CoV-2 viral concentration (Genomic Copy Equivalents or GCE = 5.00E+03 GCE/mL) that can be detected by the NxTAG® CoV Extended Panel Assay at least 95% of the time using viral genomic RNA. 100% at 3X LoD and 5X LoD. **Specificity:** 100% PPV and NPV.

***** ICD10 Codes:**

SARS-CoV-2:

U07.1 COVID-19

Z20.828 Contact with and (suspected) exposure to other viral communicable diseases

General Respiratory Virus:

B30.2 Viral pharyngoconjunctivitis

B34.0 Adenovirus infection, unspecified

B34.2 Coronavirus infection, unspecified

B97.0 Adenovirus as the cause of diseases classified elsewhere

B97.21 SARS-associated coronavirus. cause of diseases classified elsewhere

B97.29 Other coronavirus as the cause of diseases classified elsewhere

B97.4 Respiratory syncytial virus as the cause of diseases classified elsewhere

B97.81 Human metapneumovirus as the cause of diseases classified elsewhere

B97.89 Other viral agents as the cause of diseases classified elsewhere

J00 Acute nasopharyngitis [common cold]

J05.0 Acute obstructive laryngitis [croup]

J06.9 Acute upper respiratory infection, unspecified

J09.X1 Influenza due to identified novel influenza A virus with pneumonia

J09.X2 Influenza due to identified novel influenza A virus with other respiratory manifestations

J09.X3 Influenza due to identified novel influenza A virus with gastrointestinal manifestations

J09.X9 Influenza due to identified novel influenza A virus with other manifestations

J10.00 Influenza due to other identified influenza virus with unspecified type of pneumonia

J10.01 Influenza due to other identified influenza virus with the same other identified influenza virus pneumonia

J10.08 Influenza due to other identified influenza virus with other specified pneumonia

J10.1 Influenza due to other identified influenza virus with other respiratory manifestations

J10.2 Influenza due to other identified influenza virus with gastrointestinal manifestations

J10.81 Influenza due to other identified influenza virus with encephalopathy

J10.82 Influenza due to other identified influenza virus with myocarditis

J10.83 Influenza due to other identified influenza virus with otitis media

J10.89 Influenza due to other identified influenza virus with other manifestations

J11.00 Influenza due to unidentified influenza virus with unspecified type of pneumonia

J11.08 Influenza due to unidentified influenza virus with specified pneumonia

J11.1 Influenza due to unidentified influenza virus with other respiratory manifestations

J11.2 Influenza due to unidentified influenza virus with gastrointestinal manifestations

J11.81 Influenza due to unidentified influenza virus with encephalopathy

J11.82 Influenza due to unidentified influenza virus with myocarditis

J11.83 Influenza due to unidentified influenza virus with otitis media

J11.89 Influenza due to unidentified influenza virus with other manifestations

J12.0 Adenoviral pneumonia

J12.1 Respiratory syncytial virus pneumonia

J12.2 Parainfluenza virus pneumonia

J12.3 Human metapneumovirus pneumonia

J12.81 Pneumonia due to SARS-associated coronavirus

J12.9 Viral pneumonia, unspecified

J20.4 Acute bronchitis due to parainfluenza virus

J20.5 Acute bronchitis due to respiratory syncytial virus

J20.6 Acute bronchitis due to rhinovirus

J21.0 Acute bronchiolitis due to respiratory syncytial virus

J21.9 Acute bronchiolitis, unspecified

J22 – Unspecified acute lower respiratory infection

Z11.59 Encounter for screening for other viral diseases

Pneumonia:

A49.3 Mycoplasma infection, unspecified site

B96.0 Mycoplasma pneumoniae [M. pneumoniae] as the cause of diseases classified elsewhere

J15.7 Pneumonia due to Mycoplasma pneumoniae

J20.0 Acute bronchitis due to Mycoplasma pneumoniae

Z11.2 Encounter for screening for other bacterial diseases