



RESPIRATORY PANEL AND 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			NPI Provider Nr: _____	
Date of Birth ____/____/____			Physician Address _____	
Patient Address _____			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			<i>Clinical Information** (date of onset/exposure, travel history, previous lab results – attach additional info.)</i> _____	
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 and/or SARS-COVID-19 (check all that apply):

- Influenza A/B
- Current Coronavirus “SARS-CoV-2”:** N gene

SAMPLE HANDLING	
Time Collected: _____ AM/PM Date Collected: _____	The following <i>MUST</i> 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: _____

() 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:

PHOENIXDX® COFLUENZA 4-PLEX IVD is a real-time RT-PCR-based diagnostic test for the *in vitro* qualitative detection of Influenza A, Influenza B and SARS-CoV-2 in respiratory specimens and sera. **Positive results indicate the presence of Influenza A, Influenza B or SARS-CoV-2 RNA**; clinical correlation with patient history and other diagnostic information must be considered to determine the actual patient infection status. Positive results do not exclude bacterial infection or co-infection with other viruses.

Negative results do not exclude an infection with Influenza A, Influenza B or SARS-CoV-2 and must not be used as the sole basis for patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

Performance:

LOD95 (Limit of Detection) defines the number of target sequences (copy number) that can be detected in $\geq 95\%$ of reactions. The LOD95 was determined by testing a serial dilution of isolated SARS-CoV-2 RNA with 11 concentrations in 24 replicates per concentration. One copy of viral genomic RNA has been detected in 6 cases of 24 replicas. LOD95 for detection of SARS-CoV-2 is 2.75 copies/ μ L of the eluate. LOD95 for Influenza A (H3N2) is 20 copies/ μ L and LOD95 for Influenza B is 0.5 copies/ μ L of the eluate.

***** 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

B34.2 Coronavirus infection, unspecified

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

B97.29 Other coronavirus 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

J12.81 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