COVID19 REQUISITION FORM

STARLABS
A Premier Testing Laboratory

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www.StarLabs.Org CLIA #: 31D2014717

ACCOUNT INFORMATION

GROUP/PRACTICE NAME		
Address		
Address		
City	State	ZIP
Phone #:	Fax #:	
Ordering Physician		

The ordering physician must sign his/her name and indicate the date the test is ordered. The signature constitutes as a certification, that with respect to tests reimbursed by Medicare, Medicaid, or other third-party payers that the testing is medically necessary, and the results will be used in the management of the patient.

X _____ _____

Physician Signature Date

PATIENT INFORMATION

Last Name	First Name	
Date of Birth (MM/DD/YY)	Sex ☐ M ☐ F	
Address		
City	State	ZIP
Phone #:	Email:	

I authorize Star Labs to release the results of this testing to the treating physician or facility. I have read and understood the ABN printed on the backside of this form.

X _____ _____

Patient Signature Date

INSURANCE INFORMATION

■ Client Bill ■ See Attached Insurance Forms (Front & Back)

Insured's Name (If different from patient)

Primary Insurance Name & Plan / Workers Comp. Carrier

Address (Insurance)

Policy #	Group/Plan/Book #

SPECIMEN TYPE

☐ Nasopharyngeal ☐ Nasal

☐ Oropharyngeal ☐ RNA

Collection Date: _____ Time: _____ : _____ AM

Collector Name: _____

TEST REQUESTED

☐	COVID-19 Only (SARS-CoV-2 RT PCR Assay)	☐	Respiratory Pathogen Panel w/ COVID-19 Test Influenza AB Streptococcus A

ICD-10 CODES

COVID-19 CODES ARE LISTED BELOW AND MUST BE CHECKED OFF

☐	R05	COUGH
☐	R06.02	SHORTNESS OF BREATH
☐	R50.9	FEVER UNSPECIFIED
☐	Z11.59	PRE-SCREENING
☐	Z20.818	SUSPECTED EXPOSURE TO COVID -19
☐	Z20.828	KNOWN EXPOSURE TO COVID-19
☐	OTHER	_____
☐	OTHER	_____

Please indicate whether a rapid influenza test or a rapid strep test was performed in the office today.

Rapid Influenza Test ☐Yes ☐ No ☐ Positive ☐ Negative	Rapid Strep Test ☐Yes ☐ No ☐ Positive ☐ Negative

ICD-10 Codes are listed for informational purposes only. It is the provider's responsibility to order tests that are medically necessary and in the best interest of the patient.