

PLEASE PRINT CLEARLY

Requisition for COVID Testing

Fax this requisition to Leominster Lab at fax number 978-466-2889

Patient Last Name:		First Name:	
Address:			
DOB:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> X <input type="checkbox"/>	
Patient phone number:			
Patient's Self-Reported Race(s) (Patient may select all that apply): <ul style="list-style-type: none"> • American Indian or Alaska Native <input type="checkbox"/> • Asian <input type="checkbox"/> • Black or African American <input type="checkbox"/> • Native Hawaiian or Pacific Islander <input type="checkbox"/> • White <input type="checkbox"/> • Other <input type="checkbox"/> • Declined to Answer <input type="checkbox"/> 		Patient's Self-Reported Hispanic Indicator: <ul style="list-style-type: none"> • Hispanic or Latino <input type="checkbox"/> • Not Hispanic or Latino <input type="checkbox"/> • Declined to Answer <input type="checkbox"/> 	
Sample Collection Date: Sample Collection Time:		Patient's Self-Reported Ethnicity or Ethnic Background (i.e., American, Brazilian, Korean, etc.) _____ Declined to Answer <input type="checkbox"/>	
Referring Office Fax Number:		Insurance Company / Guarantor / Submitter (if paid by an Employer):	
Direct Phone for Provider for Questions or Issues:			
Ordering Provider:			
Must provide one or more DX code: <ul style="list-style-type: none"> • Z20.828: Contact with and suspected exposure to COVID 19 <input type="checkbox"/> • R05: Cough <input type="checkbox"/> • R06.02: Shortness of breath, or difficulty breathing <input type="checkbox"/> • R50.9: Fever (+100F), unspecified <input type="checkbox"/> • R68.83: Chills, without fever <input type="checkbox"/> • J02.9: Sore Throat <input type="checkbox"/> • M79.18: Muscle Pain <input type="checkbox"/> • G44.209: Headache, unspecified <input type="checkbox"/> • R43.0: New loss of taste or smell <input type="checkbox"/> • Other—Please provide narrative diagnosis _____ 			

	<u>TEST</u>	<u>MNEMONIC</u>	<u>SPEC TYPE</u>
X	COVID -19 PCR (UMMHC)	LAB31815	Nasal Pharyngeal SWAB