EXACT SCIENCES LABORATORIES

EXAS COVID-19
Test Requisition Form - WI

Real-time reverse transcription polymerase chain reaction

Fax: 844-870-8875
NPI: 1629407069
TIN: 463095174

Provider & Order Information

State of WI

PROVIDER INFORMATION

Healthcare Organization Name: SSM Health

Provider Name: _____

NPI #: | | | | | | | | | | |

Location Address: 700 S Park St

City, State, Zip: Madison, WI 53715

Phone Number: (608) 258-6925

Secure Fax Number*: _____

*To receive results for this order, please provide **secure** FAX number only

ORDER INFORMATION

This section is not intended to influence the medical judgment of an ordering provider in determining whether this test is right for any particular patient. The following codes are listed as a convenience. Ordering practitioners should report the diagnosis code(s) that best describes the reason for performing the test.

Diagnostic Code(s):

○ Z20.828: Exposure to a confirmed/suspected case

○ Z11.59: Screening for asymptomatic case

Signs & Symptoms: ○ R05: Cough ○ R50.9: Fever

○ Other _____

Certification

I am a licensed healthcare provider authorized to order this test. This test is medically necessary and the patient is eligible. I will maintain the privacy of test results and related information as required by HIPAA.

_____

Ordering Provider Signature ***Date of Order***

SPECIMEN TYPE

Specimen should be collected in viral or universal transport media, Amies, or RNase free Normal saline.

○ Nasopharyngeal (NP) Swab ○ Throat (OP) Swab ○ Mid-turbinate Swab ○ Nasal Swab

○ Other _____

Collection Date: (mm/dd/yyyy): _____ Collection Time: _____ ○AM ○ PM

Patient Demographics

ALL FIELDS REQUIRED

Patient ID/MRN: _____

First Name: _____

Last Name: _____

DOB (mm/dd/yyyy): _____

Sex: ○ Male ○ Female

Phone Number _____

○ Home ○ Mobile ○ Work

Patient Address: _____

_____

City, State, Zip: _____

PATIENT ETHNICITY AND RACE

Is your patient of Hispanic or Latino origin or descent? ○ Yes ○ No

Please mark one or more to indicate your patient's race:

○ White ○ Black or African-American ○ Asian ○ Native Hawaiian or other Pacific Islander ○ American Indian or Alaska Native

For Lab Use Only	
Sample Collected: __/__/____	Sample Received: __/__/____