



Laboratory Requisition
Patient Testing COVID-19

CLINICAL LABORATORIES
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www.cincinnatichildrens.org/labs

Practice Name: _____

Address: _____

PATIENT INFORMATION

Patient Name (Last, First): _____ Date of Birth: ____/____/____

Address: _____ Phone: (____) _____

Medical Record Number: _____ Collection Date: ____/____/____ Collection Time: _____ Priority: Stat Routine

Dx Description or ICD - Code (REQUIRED): _____ Bill To: Self Pay Insurance Client (Client code: _____)

BILLING INFORMATION ORDERING PROVIDER

Insurance: _____

Subscriber ID: _____ Group No.: _____

Address: _____

City/State/ZIP: _____

Phone: (____) _____ Subscriber DOB: _____

Subscriber Name/Rel.: _____

ORDERING PROVIDER

Ordering Provider Name & Credentials (Printed): _____

Phone: (____) _____ Fax: (____) _____

Clinician Signature (REQUIRED) _____ Date _____ Time _____

MEDICAL NECESSITY REGULATIONS: At the government's request, the Clinical Laboratories would like to remind all physicians that when ordering tests expected to be paid under federal health care programs, such as Medicare and Medicaid, the tests must meet the following conditions: (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.

PATIENT DEMOGRAPHICS

Race: Black or African American White Hispanic/Latino Asian
 American Indian Middle Eastern Alaska Native Native Hawaiian and Other Pacific Islander
 Preferred Category Not Available Refused Unknown

Ethnicity: Hispanic Non-Hispanic Unknown Refused

Gender: Male Female If female: Currently pregnant? No Yes Unknown

Is this the first COVID test? No Yes Unknown

Is the patient in a group care facility? No Yes Unknown

(Group home, foster care, homeless shelter, orphanage, detention facility, psychiatric facility, board and care home, substance abuse center)

Is the patient symptomatic? No Yes If yes, when did symptoms start? ____/____/____

TESTS INSTRUCTIONS:

- COVID-19 Test Molecular
 COVID-19 Ab Total Qualitative
 COVID-19 IgG Qualitative, Reflex to Quantitative
 COVID-19 IgG Qualitative, Reflex to Quantitative, IgA and IgM Qualitative

- 1. Complete the registration legibly with all information.
2. Use the swab provided in the test kit to collect a nasopharyngeal sample.
3. Label sample with the patient's full legal name and date of birth.
4. Send labeled sample and this requisition to the laboratory.
5. Once in the lab, send to lab registration team.

Name of person completing form: _____ Phone #: _____

