



### COVID Order Form

Scheduling 739-7531  
FAX - Patient orders to 877-205-2024

Bill Patient  
 MEDICARE  Medicaid

Patient Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ M / F  
Patient Phone Numbers: \_\_\_\_\_

Date Ordered: \_\_\_\_\_  
For Service Date: \_\_\_\_\_  
Ordering Physician: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_

**MEDICARE/INSURANCE POLICY # (required):** \_\_\_\_\_ (You can also fax a demographic/face sheet)

COVID TESTS	ICD-10 /WRITTEN DIAGNOSIS
<input type="checkbox"/> COVID-19 Testing Send Out	<input type="checkbox"/> <b>Z20.828</b> Exposure to Virus
<input type="checkbox"/> SARS-CoV-2 (COVID-19) PCR (GeneXpert)	<input type="checkbox"/> <b>R50.9</b> Fever, Unspecified
<input type="checkbox"/> Respiratory Panel 2 w COVID-19 (BioFire)	<input type="checkbox"/> <b>R05</b> Cough
<input type="checkbox"/> SARS-CoV-2 IgG, Qualitative (COVID-19) by CIA	<input type="checkbox"/> <b>R06.02</b> Shortness of Breath
<b>CARES Act Required Questions</b>	
1. First test? YES NO UNKNOWN	<input type="checkbox"/> <b>R68.83</b> Chills
2. Employed in healthcare? YES NO UNKNOWN	<input type="checkbox"/> <b>R52</b> Muscle Pain
3. Symptomatic as defined by CDC? YES NO UNKNOWN	<input type="checkbox"/> <b>R51</b> Headache
3a. Date of Symptom Onset DATE: _____	<input type="checkbox"/> <b>J02.9</b> Sore Throat
4. Hospitalized? YES NO UNKNOWN	<input type="checkbox"/> <b>R43.9</b> Loss of Smell or Taste
5. ICU? YES NO UNKNOWN	<input type="checkbox"/> <b>R43.8</b> Loss of Smell AND Taste
6. Resident in a congregate care setting? YES NO UNKNOWN	<input type="checkbox"/> <b>U07.1</b> COVID-19
7. Pregnant? YES NO UNKNOWN	<input type="checkbox"/> <b>Z11.59</b> Screening
<b>Additional Required Questions</b>	
Recent Travel? (Y/N/U) YES NO UNKNOWN	<b>OTHER (Include Code &amp; Diagnosis):</b>
Travel Location: _____	
Employer: _____	

**OTHER TESTS/COMMENTS:** Consult online Test Directories and enter Test Number, Test Name or Test Code to ensure accuracy of order. For Online menu, specimen requirement, and interpretation see <https://www.testmenu.com/sjmclab>. If order not found refer to <http://www.aruplab.com/>