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# COVID-19, INFLUENZA AND RSV BY PCR REQUISITION 2022

Version# 2022-1

## REQUIRED INFORMATION

ANY OMISSION MAY RESULT IN DELAY OF REPORT

### DOH REQUIRED FIELDS

#### PATIENT INFORMATION

LAST NAME FIRST NAME M.I.

STREET ADDRESS

CITY STATE ZIP

TEL. # CHART # PATH #

DATE OF COLLECTION

DATE OF BIRTH

#### PATIENT SEX

M  F  OTHER

#### SUGGESTED ICD CODES:

- Z03.818 Possible exposure to COVID-19
- Z20.828 Actual exposure to someone who is confirmed to have COVID-19
- R05 Cough
- R06.02 Shortness of breath
- R50.9 Fever, unspecified
- R79.1 Muscle pain
- R53.83 Fatigue
- R06.7 Sneezing
- R05.81 Nasal Congestion
- R51 Headache
- J06.9 Upper Respiratory Infection
- Other

#### OCCUPATION

#### EMPLOYER

#### EMPLOYER ADDRESS

#### SCHOOL NAME

#### SCHOOL LOCATION

#### PHYSICIAN SIGNATURE

DATE OF SURGERY

DUPLICATE REPORT TO:

#### VIRAL INFORMATION

Date of Influenza Vaccination (if any)

Date of Onset of Symptoms

STAT

#### SPECIMEN INFORMATION

PLEASE ATTACH COPIES OF FRONT AND BACK OF INSURANCE CARD OR FILL OUT INSURANCE SECTION BELOW

#### PATIENT'S PRIMARY INSURANCE

BILL TO:  MEDICARE  PATIENT  OTHER  NO FAULT  WORKERS COMP

INSURED'S NAME D.O.B. / /

DATE OF ACCIDENT (IF NO FAULT/WORKERS COMP) / /

PT RELATIONSHIP TO INSURED: SELF  SPOUSE  CHILD  OTHER

POLICY # SS#

GROUP NAME/#

NAME OF INSURANCE CO.

INSURANCE ADDRESS

CITY STATE ZIP

#### SECONDARY INSURANCE

INSURED'S NAME D.O.B. / /

DATE OF ACCIDENT (IF NO FAULT/WORKERS COMP) / /

PT RELATIONSHIP TO INSURED: SELF  SPOUSE  CHILD  OTHER

POLICY # SS#

GROUP NAME/#

NAME OF INSURANCE CO.

INSURANCE ADDRESS

CITY STATE ZIP

I authorize the release to my insurance carrier of any medical information necessary to process this claim, and I authorize payment of medical benefits directly to Acupath Laboratories, Inc.

I understand that if I do not have insurance, I will be billed directly by Acupath Laboratories, Inc. I also authorize release of my pathology results to my doctor utilizing all methods of transmission according to HIPAA regulations.

Patient Signature

SARS-CoV-2, Influenza A & Influenza B - Nasopharyngeal Swab

RSV, Influenza A & Influenza B - Nasopharyngeal Swab

SARS-CoV-2 (N gene and S gene) - Nasopharyngeal Swab

SARS-CoV-2 (N gene) - Saliva Collection Device

#### ANY ASYMPTOMATIC PATIENT SHOULD ONLY HAVE SARS-CoV-2 (COVID-19) TESTING PERFORMED.

If a patient is asymptomatic and seen by a qualified practitioner in a healthcare setting, then a SARS-CoV-2 (COVID-19) test with Influenza panel may be appropriate as determined and ordered by the healthcare provider.

Acupath Laboratories does NOT support the use of our Flu assays on asymptomatic patients and encourages responsible utilization of these tests now and at all times.

De-identified patient data may be used for R&D purposes.

Remove labels and affix to specimen bottles.  
(1 label per sample)

AFFIXED LABEL
