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 pathline.com

## SARS-CoV-2 Real-Time RT-PCR Requisition

PATIENT INFORMATION				
Last Name	First Name	M.I.		
Street Address				
City			State	Zip
Patient Phone Number		Patient Social Security Number		
Date of Birth	Age	Sex	Patient ID	

CLIENT INFORMATION
(Please circle or write in Treating Physician name and NPI #)
Physician's Signature <span style="float: right;">Required for NY &amp; NJ</span>
X: _____
<b>DATE/TIME COLLECTED</b> D: ____/____/____ T: _____ AM PM

BILLING/INSURANCE (attach copy of insurance card – both sides)			
Bill:	Subscriber Insurance <input type="checkbox"/> Secondary Insurance Info Attached		
<input type="checkbox"/> Insurance	Subscriber Name/Relationship <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		
<input type="checkbox"/> Medicare	Company Name		
<input type="checkbox"/> Medicaid	Address		
<input type="checkbox"/> Worker's Comp	City		
<input type="checkbox"/> Patient	State	Zip	
<input type="checkbox"/> Physician	Employer Name		
<input type="checkbox"/> Hospital	Subscriber DOB	Group Contract #	Member ID #
<input type="checkbox"/> Other	Subscriber Sex	Medicare #	Medicaid ID #
<input type="checkbox"/> Outpatient/Non-Hospital	<input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/> Hospital (IP/OP/ER)			

ICD 10 CODE(S) (Required): \_\_\_\_\_

### TEST REQUESTED

SARS Coronavirus 2 Real-Time RT-PCR

### SPECIMENS SUBMITTED (Check all that apply):

**Specimen Types:**

- Nasopharyngeal swab (NP) in 2-3ml Transport Media
- Oropharyngeal swab (OP) in 2-3ml Transport Media
- Dual Nasopharyngeal/Oropharyngeal (NP/OP) swab in 2-3ml Transport Media
- Bronchoalveolar lavage
- Other: \_\_\_\_\_

Collection Date: \_\_\_\_\_

### CLINICAL HISTORY

**Travel History within 14 days prior to illness onset:**  Yes  No

Travel to: \_\_\_\_\_

Dates Of Travel: \_\_\_\_\_ Date of Return: \_\_\_\_\_

**Clinical History**

Fever  Cough  Shortness of Breath  Other \_\_\_\_\_

Date of Symptom Onset: \_\_\_\_\_ Patient is  In-Patient  Out-Patient Did the patient die as result of illness  Yes  No

Did patient have contact with another COVID-19 case?  Yes  No  Unknown If yes, was contact a U.S. Case?  Yes  No