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Northwell Health Laboratories 450 Lakeville Road, Lake Success, NY 11042

Northwell Health Labs

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450 Lakeville Road, Lake Success, NY 11042 | (516) 719-1100

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Out-Patient - COVID-19 PCR Mandatory Test Requisition Form

PLACE LARGE LABORATORY LABEL BELOW AND COMPLETE ALL SECTIONS:

PATIENT INFORMATION

PATIENT UNIQUE IDENTIFIER		PREGNANCY STATUS (IF APPLICABLE) ☐ YES ☐ NO ☐ UNKNOWN ☐ NA		PHYSICIAN/OFFICE ACCOUNT #
NAME, LAST (Please Print)	FIRST	M.I.		ORDERING PHYSICIAN NAME & NPI
BIRTHDATE / AGE / M/F		DATE/TIME COLLECTED		PHONE # / E-MAIL
RACE: (Check All That Apply) ☐ Black or African-American ☐ American Indian or Alaska Native ☐ Unknown ☐ White ☐ Asian ☐ Other _____		ETHNICITY: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown		ADDRESS/SUITE
STREET ADDRESS		PHONE #		
CITY / STATE		ZIP / COUNTY		CITY / STATE / ZIP
PATIENT OCCUPATION		EMPLOYER NAME		EMPLOYEED IN HEALTHCARE WITH DIRECT PATIENT CONTACT? ☐ YES ☐ NO
EMPLOYER STREET ADDRESS		EMPLOYER PHONE #		IF YES PROVIDE TITLE
EMPLOYER CITY / EMP.STATE		EMP. ZIP CODE / EMP. COUNTY		

BILLING

INSURANCE CARRIER NAME		ADDRESS
INSURED NAME	PT RELATIONSHIP TO INSURED ☐ Self ☐ Spouse ☐ Dependent	INSURED ID #
☐ MEDICARE #	☐ MEDICAID #	☐ SELF-PAY

REQUIREMENTS:

1. Collect **Only One Nasopharyngeal Swab** in **One Vial** of Universal Transport Medium (UTM) Per Patient for **All** Testing: COVID-19 PCR and / or Molecular Respiratory Viral Testing.
2. **Mandatory** Paper Test Form **Required** – Otherwise Test Will Be **Rejected**.

ORDERABLES: ☐ COVID19 PCR ☐ COVID19 PCR & FLU A/B/RSV PCR ☐ RVP INCLUDING COVID19 PCR

☐ OUTPATIENT	☐ SKILLED NURSING FACILITY / ASSISTED LIVING FACILITY / REHABILITIATION CENTER / HOSPICE CARE
FACILITY OR OFFICE NAME	FACILITY NAME

CLINICAL PRESENTATION / EPIDEMIOLOGIC RISK:

☐ SCREENING ☐ SCHOOL SCREEN	☐ ASYMPTOMATIC	☐ SYMPTOMATIC WITH FLU LIKE SYMPTOMS / DATE:_____	☐ SYMPTOMATIC OTHER DATE:_____

EXPOSURE RISK:

☐ CLOSE CONTACT WITH CONFIRMED COVID-19 CASE (LESS THAN 6FT CONTACT FOR > 10 MINUTES)	☐ ALL OTHER EXPOSURE TO CONFIRMED COVID-19 CASE (CLUSTERS / CASUAL CONTACT)

SPECIAL CATEGORIES:

☐ NORTHWELL EHS REQUEST FOR CRITICAL HEALTHCARE PERSONNEL / ESSENTIAL WORKER / FIRST RESPONDER	☐ SURGERY DATE: _____
☐ OB – PRE-DELIVERY DATE:_____	☐ ONCOLOGY / PRE-TREATMENT
☐ PRE-PROCEDURE DATE:_____	☐ CLINICAL TRIAL

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