



Saguaro Bloom Diagnostics LLC
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CLIA Certification: 03D2188271
Lab Director: Jesse Greer, MD

Federal Tax ID: 85-4289083

COVID-19 TEST REQUISITION FORM

PATIENT INFORMATION					
Last Name: M		First Name: Purus		Middle Initial:	
Mailing Address: 3rd Main Road		City: Chennai	State: TN	Zip Code: 60045	
Telephone: 85466663		Email: pusus@gmail.com			
Social Security Number:		Date of Birth: 07/29/1997		Gender: Female	
INSURANCE INFORMATION					
Insurance Type:		Policy Holder Name:		Relationship to Patient:	
Policy Number:			Group Number:		
Patient Signature: <i>I authorize Saguaro Bloom Diagnostics to analyze the specimen provided by me and report the result of such analysis to the ordering Physician in conformance with his/her order</i>				Date: 06/30/2022	
REFERRING PHYSICIAN INFORMATION					
Referring Physician: Ilana Kasal			Title: PA		Client ID:
Mailing Address:			City:	State:	Zip Code:
Telephone:		Fax:		NPI: 1699309104	
Email:		DX Codes: U07.1			
Physician Signature: <i>[Signature]</i> Physicians and other authorized persons are required to only order medically necessary tests supported by an ICD-10 diagnosis from the patient's medical record.				Date: 06/30/2022	
SPECIMEN INFORMATION					
Test type: SARS-CoV2 RT-PCR			Collection Date: 06/30/2022 10:30 PM		Result Date: 05/27/2022 07:00 PM
Test Identifier: tubenumbr		Specimen Accessioner: Sonika Chapani		Sample Type: Nasal Swab	
U07.1	COVID-19	Z11.52	Encounter for screening for COVID-19	J20.8	Acute Bronchitis
Z20.822	Exposure to COVID-19	J96.0	Acute respiratory failure	J40	Bronchitis
Z86.16	Personal history of COVID-19	J98.8	Other specific respiratory disorders	R05	Cough
J12.82	Pneumonia due to COVID-19	J80	Acute respiratory distress syndrome	R06.02	Shortness of Breath
M35.81	Multisystem Inflammatory Syndrom	J22	Unspecified acute lower respiratory infection	R50.9	Fever, unspecified