RESPIRATORY CONDITIONS LABORATORY ORDER FORM

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CLIA: 15D2096834

Medical Director: Dr. Leon R. Glass, Ph.D, DABCC, NRCC

☐ **NP Swab** ☐ **Oral E-Swab** ☐ **NP E-Swab**

Date: ____ /____ /____ Time: _____ Initals: _____

Patient Information

Name: _____

Address: _____

City, State, Zip: _____

SSN: _____

Phone: _____

Date of Birth: ____ /____ /____ Sex: ☐ M ☐ F

Race:

☐ White ☐ Black or African American ☐ Asian
☐ American Indian or Alaskan Native ☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander ☐ Other

Ethnicity:

☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Medications:

☐ No ☐ Yes _____

Include patient face sheet & insurance information.

Provider Information

Provider Name: _____

Facility Name: _____

Provider NPI: _____

Address: _____

City, State, Zip: _____

Phone: _____

☐ **Check to recieve faxed test results**

Fax #: _____

☐ **Check to recieve online test results and portal instructions**

Email: _____

Provider Test(s) Requested

☐ **COVID-19 (SARS-CoV-2 RNA) Test by RT-PCR**
Real time polymerase chain reaction (RT-PCR) performed on nucleic acid extracted from specimen collected using nasopharyngeal swab or oral rinse to qualitatively detect the SARS-CoV-2 RNA Virus

☐ **Respiratory Pathogen Panel Test by RT-PCR**
Real time polymerase chain reaction (RT-PCR) performed on nucleic acid extracted from specimen collected using nasopharyngeal swab or oral rinse to qualitatively detect viral and bacterial agents associated with respiratory conditions, including the SARS-CoV 2 virus

☐ **Respiratory Virus Panel by RT-HDA**
Amplification and detection of target sequences specific to RSV, hMPV, influenza A and/or influenza B using isothermal Reverse Transcriptase – Helicase-Dependent Amplification (RT-HDA) collected utilizing a nasopharyngeal E-swab

☐ **Influenza A and B by RT-HDA**
Amplification and detection of target sequences specific to Influenza A and B using isothermal Reverse Transcriptase - Helicase-Dependent Amplification (RT-HDA) collected utilizing a nasopharyngeal E-swab

☐ **Strep A and B by RT-HDA**
Amplification and detection of target sequences specific to Strep A and B using isothermal Reverse Transcriptase - Helicase-Dependent Amplification (RT-HDA) collected utilizing an Oral E-swab

ICD-10 Office Visit Code *(Minimum 2 required)*

☐ **Z03.818 possible exposure to COVID 19**
☐ **Z20.828 actual exposure COVID 19**
☐ **B99.9 Unsp Infectious Disease**
☐ **R05 Cough**
☐ **R50.9 Fever, unspecified**
☐ **Z57.9 Occupational exposure to unspecified risk factor**
☐ **Other** _____ _____

ORDERING PROVIDER AUTHORIZATION

I may utilize electronic or facsimile signatures on this order form and future laboratory order forms and I authorize the laboratory to rely upon and utilize my electronic signature as so instructed by me.

By their signature below, the ordering healthcare provider authorizes performance of the test(s) and indicates that he or she has explained the purpose of the test, the procedures, the benefits and the risks that are involved in testing to their patient and obtained the patient's informed consent in accordance with state and local laws.

MEDICAL NECESSITY: By submission of this requisition and accompanying specimen(s) to ARIA and/or its Affiliates, I authorized them to run all tests indicated on the requisition, certify that all tests are documented in the patient's medical records, meet the requirements of medical necessity (the OIG has cautioned that tests comprised of multiple procedure codes (molecular panels), may result in the ordering of tests which are not covered, reasonable or necessary). I understand if I knowingly cause a false claim to be submitted, I may be subject to legal sanctions and agree to provide ARIA all patient documentation upon request.

Provider Signature: _____

Date: ____ /____ /____

Fax or email completed form to: 317-733-9451, covidtest@ariadxs.com