

COVID-19 Test Requisition



PATIENT INFORMATION			
First Name	MI	Last Name	
Date of Birth (MM/DD/YYYY)	Sex	MRN #	
Address			
City	State	Zip	County
Phone #			
Ethnicity			

CLINICIAN INFORMATION	
REQUIRED	Ordering Clinician Signature _____
NPI # _____	

PATIENT INSURANCE INFORMATION	
Attach a copy of the front & back of insurance card or face sheet	
Primary Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Insurance <input type="checkbox"/> Patient <input type="checkbox"/> Client Bill	Secondary Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Insurance

DIAGNOSTIC INFORMATION (ICD-10-CM)	
Check all that may be applicable¹	
<input type="checkbox"/> B97.29 Other coronavirus as the cause of diseases classified elsewhere	<input type="checkbox"/> R05 Cough
<input type="checkbox"/> J12.89 Other viral pneumonia	<input type="checkbox"/> R06.02 Shortness of breath
<input type="checkbox"/> J20.8 Acute bronchitis due to other specified organisms	<input type="checkbox"/> R50.9 Fever
<input type="checkbox"/> J22 Unspecified, acute lower respiratory infection	<input type="checkbox"/> U07.1² 2019-nCoV acute respiratory disease
<input type="checkbox"/> J40 Bronchitis, not specified as acute or chronic	<input type="checkbox"/> Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out
<input type="checkbox"/> J80 Acute respiratory distress syndrome	<input type="checkbox"/> Z20.828 Contact with and (suspected) exposure to other viral communicable diseases
<input type="checkbox"/> J98.8 Other specified respiratory disorders	<input type="checkbox"/> Other: _____

TEST ORDERED
<input type="checkbox"/> COVID-19 Virus Test <input type="checkbox"/> Other: _____

SPECIMEN INFORMATION	
REQUIRED Specimen Collection Date (MM/DD/YYYY) ____/____/____	
Specimen Type <input type="checkbox"/> Nasal using Aptima Multitest Swab <input type="checkbox"/> Oropharyngeal using Aptima Multitest Swab Nasopharyngeal Swab <input type="checkbox"/> In Viral Transport Media <input type="checkbox"/> In Saline <input type="checkbox"/> In Unknown Media Oropharyngeal Swab <input type="checkbox"/> In Viral Transport Media <input type="checkbox"/> In Saline <input type="checkbox"/> In Unknown Media <input type="checkbox"/> Sputum	Sample Collection & Handling Guidelines <i>For specifics on sample collection and handling guidelines, please visit our website at www.averodx.com/covid-19.</i> <ul style="list-style-type: none">• Preferred collection: Use flocked swabs.• Other swabs are acceptable. EXCEPTIONS: Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit testing.• Place swab immediately into transport media.

1. CDC. ICD-10-CM Official Coding Guidelines – Supplement Coding encounters related to COVID-19 Coronavirus Outbreak. (Dated 2/20/20). Accessed March 5, 2020. <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>

2. CDC. New ICD-10-CM code for the 2019 Novel Coronavirus (COVID-19) (Dated 10/1/2020). Effective February 20, 2020. Accessed March 6, 2020. <https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-2-20-2020.pdf>