LABORATORY REQUISITION FORM

AVERO DIAGNOSTICS

*Required fields are marked with **

PATIENT INFORMATION

FIRST NAME* | LAST NAME*

GENDER* ☐ Female ☐ Male

If female, are you pregnant? ☐ Yes ☐ No

DOB*

RACE* *(required for COVID-19 only)*

☐ American Indian or Alaska Native ☐ Asian
☐ Black or African-American ☐ White
☐ Native Hawaiian or Other Pacific Islander ☐ Other

ETHNICITY* *(required for COVID-19 only)*

☐ Hispanic or Latino ☐ Not Hispanic or Latino
☐ Not Disclosed

STREET ADDRESS* | APT/UNIT

CITY* | STATE* | ZIP*

PHONE* | SSN

PCR TESTING

TEST REQUESTED

☐ Single-panel COVID-19 RT-PCR Test
☐ 4-Plex (COVID-19, Flu A/B, RSV)

SPECIMEN TYPE*

☐ Nasalpharyngeal swab ☐ Nasal Swab
☐ Oralpharyngeal swab ☐ Saliva ☐ Other _____

SPECIMEN TRANSPORT MEDIA*

☐ UTM/VTM ☐ MTM ☐ Saline ☐ Other _____

SEROLOGY TESTING

TEST REQUESTED

☐ SARS-CoV-2, anti-spike protein IgG
☐ SARS-CoV-2 anti-nucleocapsid, Total IgG/IgM

COLLECTION DATE* | COLLECTION TIME

CLIENT INFORMATION

CLIENT CODE | CLIENT NAME

STREET ADDRESS

CITY | STATE | ZIP

PHONE | FAX

ORDERING PROVIDER | NPI #

COPY TO PROVIDER NAME | FAX

BILLING INFORMATION* (must select one)

☐ **Bill Client—**

☐ **Bill Patient (Private Pay)**

☐ **Bill Insurance—Attach copy of Insurance Card**

Name of Insurance _____
Insurance Address _____
Insurance Phone _____
Member ID Number _____
Member Group Number (if applicable) _____
Name of Insured (if other than patient) _____
Relationship to Patient _____
Insured Date of Birth _____

☐ **Bill to COVID-19 HRSA Uninsured Fund (COVID-19 only)**

*In order to qualify for this fund, **patient cannot be covered under any other insurance** including Medicare/Medicaid, employer or spouse coverage. If patient is found to have other coverage, we will attempt to bill insurance first and then we will bill the patient.*

State ID or SSN _____

(Required– must be issued by a U.S. State)

Screening Code (Must Choose One for HRSA)

☐ Z11.52 Screening, no symptoms
☐ Z20.822 Screening, confirmed exposure
☐ Z03.818 Screening, possible exposure

CALL POSITIVE RESULTS TO

ICD-10 CODES (required to bill insurance)

☐ Z20.822 Contact with and suspected exposure to COVID-19 ☐ Z11.52 Asymptomatic, screening for COVID-19
☐ Z03.818 Encounter for observation for suspected exposure to other biological agents rule out exposure to COVID-19
☐ Z86.16 Personal history of COVID-19 ☐ R06.02 Shortness of breath ☐ R50.9 Fever, unspecified
☐ J02.9 Acute pharyngitis, unspecified ☐ J20.9 Acute bronchitis, unspecified ☐ J80 Acute respiratory distress
☐ Other _____