

# COVID-19 TEST REQUEST FORM

## REPORTER INFORMATION

DATE: \_\_\_\_\_ ACCOUNT \_\_\_\_\_  
ORDERING PHYSICIAN: \_\_\_\_\_ NPI: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

## PATIENT INFORMATION

FIRSTNAME _____	BIRTHDATE ____ / ____ / _____	ETHNICITY <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other
LASTNAME: _____	PHONE NO. _____	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female

STREET ADDRESS(Include apartments/suite number)  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ - \_\_\_\_\_

## INSURANCE INFORMATION

MEDICARE # \_\_\_\_\_ PRIVATE INSURANCE NAME \_\_\_\_\_  
POLICY ID \_\_\_\_\_ GROUP ID \_\_\_\_\_

## CLINICAL INFORMATION

Does the patient have underlying conditions?

- |  |  |
|--|--|
| <input type="checkbox"/> None            | <input type="checkbox"/> Immunocompromised     |
| <input type="checkbox"/> Unknown         | <input type="checkbox"/> Pregnant              |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Chronic Lung Disease  |
| <input type="checkbox"/> Hypertension    | <input type="checkbox"/> Chronic Liver Disease |
| <input type="checkbox"/> Cardiac Disease |  |
| <input type="checkbox"/> Others          |  |

ADDITIONAL NOTE/S:  
\_\_\_\_\_

## TEST INFORMATION

Date Collected \_\_\_\_\_ Time Collected \_\_\_\_\_ Symptom Onset Date \_\_\_\_\_

## COVID 2019 TESTING





Which specimen types have been sent to Star Lab for COVID 19 testing?

NP  OP  Other: \_\_\_\_\_ Specimen Collection Date: \_\_\_\_\_

## TEST OPTIONS

- SARS-COV-2 (Covid-19) RT-PCR
- SARS-COV-2(Covid-19) Antibody
- RESPIRATORY PANEL w/ SARS-COV-2 RT-PCR

## PAYMENT OPTIONS

CASH/CHECK       

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ CVV \_\_\_\_\_ EXP/DATE \_\_\_\_\_