

PATIENT INFORMATION (ALL FIELDS REQUIRED)			
LAST	FIRST	MIDDLE	
DOB / /	SSN	PHONE	<input type="radio"/> M <input type="radio"/> F
ADDRESS			
CITY	STATE	ZIP	
<p>I voluntarily consent to the collection and testing of my specimen. I hereby authorize services to be performed and assign that benefits be payable to Clinicore. I understand that if any insurer doesn't pay and denies the claim as an uncovered service, I am responsible for payment. I understand that I am responsible for any amounts not paid by insurer for reasons including, but not limited to, non-covered and non-authorized services. I permit a copy of this authorization to be used in place of the original. The laboratory is authorized to bill my insurance provider and receive payment of benefits for the tests my physician orders. I authorize the laboratory to release the results of this testing to the ordering provider. I further authorize the laboratory and my physician to release to my insurance provider any medical information necessary to this claim.</p>			
PATIENT SIGNATURE X		DATE / /	

SPECIMEN INFORMATION (ALL FIELDS REQUIRED)	
COLLECTION DATE / /	COLLECTION TIME: : <input type="radio"/> AM <input type="radio"/> PM
COLLECTORS NAME	FASTING <input type="radio"/> YES <input type="radio"/> NO
PRESCRIBED MEDICATIONS	

PROVIDER INFORMATION (ALL FIELDS REQUIRED)	
ORDERING PROVIDERS NAME (LAST, FIRST, NPI#)	
PRACTICE NAME	
PHYSICIAN SIGNATURE X	DATE / /
<p>I certify that the tests requested on this order form are medically necessary for this patient, and that the full and appropriate diagnosis codes are indicated based on the patient's medical record. Documentation to support medical necessity for all tests ordered should be recorded in the patient's chart.</p>	

ICD-10 CODES (REQUIRED)	

Write patient name and DOB on tube for proper identification. Collection date must be properly marked on Requisition. Improper identification can lead to a hold on testing of sample.

INSURANCE INFORMATION (CHECK ONE)	
W/C	DATE OF INJURY: / /
MEDICARE	MEDICAID
PRIVATE (COMPLETE BELOW)	CLIENT BILL
NAME OF POLICY HOLDER:	
DATE OF BIRTH OF POLICY HOLDER: / /	
* PLEASE ATTACH DEMOGRAPHICS AND COPY OF INSURANCE	

AVAILABLE TESTS (CHECK ALL THAT APPLY)	
<input type="radio"/> RT-PCR SARS-COV2 (COVID-19)	
Sample Type (select one below)	Symptoms or Test Reason
Nasalpharyngyl swab	Fever: _____
Saliva (1mL required)	Cough:
	Contact with Infected Person
	Travel Requirement
	Required for Work
<input type="radio"/> Quick 9 COVID-19 Risk Profile	
Ferritin	
IGG Response to SARS-COV-2	
DHEA-S	
Cortisol	
Cortisone	
Pregnenolone	
DHEA	
Vitamin D	
IGM Response to SARS-COV-2	
Quick 9 requires 1 red top tube	

GUIDE FOR COLLECTION
<p>SAMPLES MUST BE SENT OVERNIGHT ON DAY OF COLLECTION in the viral transport medium. Saliva samples must collect 1 mL. Quick 8 Risk profile is performed on 1 red top tube.</p> <ul style="list-style-type: none"> RT-PCR testing determines the presence of SARS-COV2 RNA in a patient sample using FDA EUA approved reagents from Thermo Fisher TaqPath assay IGG Sars-COV2 antibody testing is performed on a Beckmann Coulter FDA approved immunoassay

All requisitions must include all medically necessary ICD-10 codes. ICD-10 codes are required by certain third party payers to confirm the medical necessity of the test(s) ordered. The codes listed below are some of the most commonly received codes for testing performed at Clinicore. The ultimate responsibility for correct coding lies with the ordering physician. Please place all medically appropriate ICD-10 codes on the requisition.

DIAGNOSIS CODE	DIAGNOSIS (SIGN OR SYMPTOM)
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
R05	Cough
R06.02	Shortness of breath
R50.9	Fever, unspecified
B7.29	Other coronavirus as the cause of diseases classified elsewhere
J12.89	Other viral pneumonia (once confirmed COVID-19 and used with code B97.29)
J20.8	Acute bronchitis due to other specified organisms (once confirmed COVID-19 and used with code B97.29)
J40	Bronchitis, not specified as acute or chronic (once confirmed COVID-19 and used with code B97.29)
J22	Unspecified acute lower respiratory infection (once confirmed COVID-19 and used with code B97.29)
J98.8	Other specified respiratory disorders (once confirmed COVID-19 and used with code B97.29)
J80	Acute respiratory distress syndrome (once confirmed COVID-19 and used with code B97.29)