



Account Number _____

Account Name _____

Contact Name _____ Phone No. _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip Code _____

Test Request Form

Account and Specimen Information

All account and specimen fields are required with each requisition. By submitting this order, you are certifying that this patient or his/her legally authorized representative has provided informed consent for testing and that this consent has been documented in accordance with applicable laws.

Coronavirus SARS-CoV-2 RT-PCR

PATIENT INFORMATION

Name (Last, First, MI):

Patient MRN #:

Address:

Male Female

City/State/Zip

Birthdate:

Phone:

Client Accession #:

ORDERING PHYSICIAN

Name (Last, First, MI):

Address 1:

Address 2:

City:

State:

Zip Code:

NPI #:

TEST REQUESTED

Coronavirus SARS-CoV-2 RT-PCR

Test Code: 8398 Respiratory

Please select the appropriate sample: BAL NP Swab NP wash Nasal Swab Nasal Wash

SPECIMEN COLLECTION INFORMATION

Date Collected:

Time Collected:

Viracor Internal Use Only

____ / ____ / ____

____ : ____ AM PM