



MEDICAL DIAGNOSTIC LABORATORIES
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 Toll Free (877) 269-0090
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Coronavirus SARS-CoV-2 [COVID-19] Test Requisition Form

Ordering Physician/Laboratory

(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)

Physician to receive additional result report:

Physician's Signature:

Date:

Specimen Information

Date Collected (required):	Specimen Type: <input type="checkbox"/> Swab (please specify): <input type="checkbox"/> COVID-OneSwab™ <input type="checkbox"/> Saline <input type="checkbox"/> UTM/VTM	Specimen Source: <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Oropharyngeal <input type="checkbox"/> Anterior Nares
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Nasopharyngeal swab OR Oropharyngeal swab in COVID-OneSwab™ vial

- Common ICD10 codes (required):**
- J06.0 Acute upper respiratory infection, unspecified
 J11.1 Influenza due to unidentified influenza virus with other respiratory manifestations
 R05.9 Cough, unspecified
 Other: _____

Test 1131, if not checked below, will be performed and billed.

- 1131** **SARS-CoV-2 [COVID-19] by Real-Time Reverse Transcription PCR (CDC N1, N2, RP targets) £**

Nasopharyngeal swab in COVID-OneSwab™ vial

- Common ICD10 codes (required):**
- J06.0 Acute upper respiratory infection, unspecified
 J11.1 Influenza due to unidentified influenza virus with other respiratory manifestations
 R05.9 Cough, unspecified
 Other: _____

- 1134** **CombiVid™ Panel [SARS-CoV-2 (COVID-19) by Real-Time Reverse Transcription PCR (CDC N1, N2, RP targets) £, Influenza A and Influenza B by Multiplex CFX rRT-PCR**

Patient Information (Please Print)

Name (Last, First) (Required): _____

In Care of: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Assigned Sex at Birth (Required): Female Male Date of Birth (Required): _____ Patient ID#: _____

Phone Number: _____

Race: Alaska Native or American Indian Asian Black or African American Multiracial Native Hawaiian or other Pacific Islander Other race White Does not wish to disclose Not provided

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Gender Identity: Male Female Gender nonconforming Transgender male-to-female Transgender female-to-male Does not wish to disclose Not provided

Sexual Orientation: Bisexual Straight Gay or Lesbian Something else Does not wish to disclose Not provided

Billing Information (Please include a copy of the front & back of card.)

Billing Type: Patient Insurance Client Relation (Required): Self Spouse Dependent

Insured's Name (if not patient): _____

Insured's SS#: _____ Insured's DOB: _____

Primary Insurance Carrier: _____ Medicare, Medicaid or Policy ID#: _____

Claims Address: _____

Employer/Group Name: _____ Group#: _____

Respiratory Pathogens - **NasoSwab®** Pediatric & Adult



- Common ICD10 codes (required):**
- J06.0 Acute upper respiratory infection, unspecified R05.9 Cough, unspecified
 J11.1 Influenza due to unidentified influenza virus with other respiratory manifestations Other: _____
- 369 *Acinetobacter baumannii*
 222 Adenovirus
 1101 *Bordetella parapertussis*
 1102 *Bordetella pertussis* (Reflex to *Bordetella holmesii* by Real-Time PCR)
 319 *Chlamydomydia pneumoniae*
 273 Coxsackie virus A & B by Pyrosequencing
 1128 Enterovirus D68
 1112 Group A Streptococcus
 1117 *Haemophilus influenzae*
 1114 Human Bocavirus
 1115 Human Coronavirus (Human Coronaviruses 229E, OC43, NL-63)
 1105 Human Metapneumovirus
 1136 Influenza A and Influenza B by Multiplex CFX rRT-PCR
 1109 *Moraxella catarrhalis*
 1118 MRSA: Methicillin Resistant and Methicillin Susceptible (MSSA) *Staphylococcus aureus* by Conventional PCR
 1119 CA-MRSA: Community-Associated MRSA. Panton-Valentine Leukocidin (PVL) DNA** (Type IV MRSA + #1118 Req.) [Community Associated MRSA = Type IV MRSA+ and PVL+]
 336 *Mycoplasma pneumoniae*
 1121 *Neisseria meningitidis*
 1110 Parainfluenza Viruses 1-4
 174 *Pseudomonas aeruginosa*
 1127 Rhinovirus and Enterovirus
 1103 Respiratory Syncytial Virus A (RSV A)
 1104 Respiratory Syncytial Virus B (RSV B) R
 1116 RSV A & RSV B by Multiplex Real-Time PCR
 1131 SARS-CoV-2 [COVID-19] by Real-Time Reverse Transcription PCR (CDC N1, N2, RP targets) £ (For Nasopharyngeal or Oropharyngeal swab, use **COVID-OneSwab™**)
 1120 Severe Acute Respiratory Syndrome (SARS)
 1111 *Streptococcus pneumoniae*

£ Approval has been granted by the New Jersey State Department of Health to perform the SARS-CoV-2 (COVID-19) by Real-Time Reverse Transcription PCR (CDC N1, N2, RP Targets) in accordance with Food and Drug Administration (FDA) emergency use authorization (EUA) policy. This test has not been FDA cleared or approved. This test has been submitted for authorization by the FDA under an EUA for use by authorized laboratories.

Medical Necessity Guidelines:

Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment of a patient. MDL offers individual tests, as well as a limited number of customized panels. MDL provides practitioners with the flexibility to choose appropriate individual tests for each specimen to assure that the convenience of ordering panels does not impede them from ordering tests/panels that are medically necessary. All tests listed in panels may be ordered individually using this test requisition form. If you choose to order a panel, please make certain that each and every test is medically necessary. If you check off a panel as your choice, MDL understands that the physician has determined that all of the component tests are medically necessary, and will perform, report and bill for all such component tests.

** This test can only be performed when the test in parenthesis is positive. All tests performed will be billed. *OneSwab*[®] and *NasoSwab*[®] are registered in the USPTO.

Specimen Collection Platform	TAT*	Stability	Test Additions*	
 COVID-OneSwab[®]	24 hrs (subject to change)	7 days	No	<ol style="list-style-type: none"> 1. Have the patient blow their nose and then check for obstructions. 2. Insert the flexible swab into the nostril parallel to the palate (not upwards) until resistance is encountered. Swab should reach the depth equal to the distance from nostrils the outer opening of the ear, indicating contact with the nasopharynx. 3. Leave swab in place for several seconds to absorb secretions. Slowly remove swab while rotating it. 4. Insert swab into the transport media, break off swab handle, and tightly re-secure the cap on the transport media vial.
 NasoSwab[®]	24 - 48 hours	5 days	30 days to add tests	<ol style="list-style-type: none"> 1. Tilt the patient's head slightly upwards. Insert the brush end downwards into the nostril all the way to the guard. Be sure to direct the swab down towards the throat and not up towards the forehead. Rotate the swab 360°. 2. Insert swab into the transport media, break off swab handle, and tightly re-secure the cap on the transport media vial.

* Up to 72 hours with reflex/antibiotic resistance testing

* Pending QC review for sufficient specimen volume

Specimen Packaging:

1. Label every vial with a minimum of 2 patient identifiers including the patient's name and date of birth. Be sure the name on the vial is written exactly the same way as on the test requisition form.
2. Place the vial into the Styrofoam/Cardboard container. You can fit up to 3 vials in one container.
3. Place the Styrofoam/Cardboard container into the central pocket of a biohazard bag containing absorbent material.
4. Place a completed test requisition form for each vial in the front pocket of the biohazard bag.
5. Place the biohazard bag into the prepaid Lab pack Envelope that has a preaddressed airbill attached. One envelope will accommodate 6-7 containers. Package as many containers in one Labpack as possible.
6. Be sure to seal the Lab pack by removing the plastic from the top of the adhesive

Specimen Pick-up:

- If you have a specimen pick-up for a local courier in the NJ, PA, DE, D.C., MD, VA, KS, MO or Phoenix, AZ area, please call (877) 205-0005 no later than 2 hours prior to the closing of your facility.
- If you have a specimen pick-up, please call your sales representative or MDL customer service at 877.269.0090 no later than 2 hours prior to the closing of your facility.

Helpful Hints Checklist

Please review these helpful hints to reduce specimen discrepancies and enhance turnaround time.

Verify Patient Name - did you:

- ✓ attach the correct demographics sheet?
- ✓ write the patient's name on the requisition form?

Patient Name Matches on Vial & Requisition Form- did you:

- ✓ make sure names on vial and requisition form match?
- ✓ list the patients married or maiden name?
- ✓ list a nickname by mistake?

Verify Date of Collection- did you:

- ✓ write the correct year?
- ✓ write the correct month?
- ✓ list the date of birth instead?

Verify Tests- did you:

- ✓ clearly mark each box?
- ✓ order tests appropriate for the specimen type?

No Tests Ordered- did you:

- ✓ mark the boxes for the tests/panels ordered?

Supply Orders:

Easily place supply orders online by visiting our website:



<http://www.mdlab.com/physicians/supplies/#>

Supply orders may also be placed by contacting our Client Services department toll free 877.269.0090 or by fax 609.570.1050. Supply requests are processed and shipped on a daily basis. Please allow 3 to 5 business days for delivery, depending upon your location.

MDL Contact Information



GBS Hotline

24 hours - 7 days a week
Group B Strep & HSV results only

877.MDL.GBS7
877.635.4277

Quality Control Department

For Technical Assistance

877.269.0090 609.245.7665

Client Services

General Questions, Results

877.269.0090 609.570.1050

Client Services

Billing Questions

877.333.9233 609.245.7683