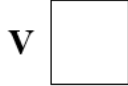




Northwell Health Laboratories
450 Lakeville Road, Lake Success, NY 11042 | (516) 719-1100



Out-Patient - COVID-19 PCR Mandatory Test Requisition Form

PLACE LARGE LABORATORY LABEL BELOW OR COMPLETE ALL SECTIONS:

P A T I E N T	PATIENT IDENTIFIER			PHYSICIAN/OFFICE ACCOUNT # 2268		
	NAME, LAST (Please Print) FIRST M.I.			ORDERING PHYSICIAN DAVID E SIMAI M.D.		
	BIRTHDATE	M/F	DATE/TIME COLLECTED	PHONE # 516-374-2228	E-MAIL drsimaipediatrics@gmail.com	
	STREET		PHONE #	ADDRESS/SUITE 660 Central Ave Suite 3		
	CITY	STATE	ZIP	CITY Cedarhurst	STATE NY	ZIP 11516
B I L L I N G	INSURANCE CARRIER NAME			ADDRESS		
	INSURED NAME		PT RELATIONSHIP TO INSURED <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	INSURED ID #		
	<input type="checkbox"/> MEDICARE #		<input type="checkbox"/> MEDICAID #	<input type="checkbox"/> SELF-PAY		

Requirements:

1. **One Nasopharyngeal Swab** Specimen in Universal Transport Medium for COVID-19 PCR.
2. **One Vial** for each test ordered.
3. **Mandatory Paper Test Form Required** – Otherwise Test Will Be **Rejected**.

ORDERABLES: COVID19 PCR FLU A B RSV (Detection by PCR) V RVP RAP

<input checked="" type="checkbox"/> OUTPATIENT	<input type="checkbox"/> SKILLED NURSING FACILITY / ASSISTED LIVING FACILITY / REHABILITATION CENTER
FACILITY OR OFFICE NAME URGENT ONE MEDICAL CARE P.C.	FACILITY NAME URGENT ONE MEDICAL CARE P.C.

SYMPTOMS:

<input type="checkbox"/> FEVER	<input type="checkbox"/> UPPER RESPIRATORY (COUGH / CONGESTION)	<input type="checkbox"/> LOWER RESPIRATORY (S.O.B. / DIFFICULTY BREATHING / COUGH)
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EXPOSURE RISK:

<input type="checkbox"/> CLOSE CONTACT WITH CONFIRMED COVID-19 CASE (LESS THAN 6FT CONTACT FOR > 10 MINUTES)	<input type="checkbox"/> ALL OTHER EXPOSURE TO CONFIRMED COVID-19 CASE (CLUSTERS / CASUAL CONTACT)
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SPECIAL CATEGORIES:

<input type="checkbox"/> NORTHWELL EHS REQUEST FOR CRITICAL HEALTHCARE PERSONNEL
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RESULTS OF TESTS ALREADY PERFORMED:

FLU/RSV: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> PENDING	RVP: <input type="checkbox"/> POSITIVE FOR PATHOGEN _____ <input type="checkbox"/> NO VIRUS IDENTIFIED <input type="checkbox"/> PENDING
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