

9681-Direct Care Patient
 9330 E. 41st St
 Tulsa, OK 74145
 Phone: 918-744-2500



CALL
 FAX
 STAT

Note:
All tests marked with the Frequency @ symbol must have a signed ABN accompany the requisition.
Completed by: _____

PATIENT INFORMATION Please Provide All Information below (Name on Requisition MUST Match Name on Specimen EXACTLY!)							FOR LAB USE ONLY
LAST NAME (Please Print Legibly)		FIRST	MIDDLE	PATIENT SS#	SEX M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH [MM / DD / YYYY]	LAB ID:
PATIENT ADDRESS			CITY	STATE	ZIP CODE	HOME PHONE	RCV'D TIME/DATE:
COLLECTION DATE:	TIME:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> Fasting <input type="checkbox"/> Non-Fasting	PATIENT MRN.	NAME OF GUARANTOR:		SPECIMENS RCV'D <input type="checkbox"/> Un-Spun
REQUESTING PHYSICIAN [Last Name, First Name]				BILLING INFORMATION (Required)			<input type="checkbox"/> Red/Gray(SST) <input type="checkbox"/> Gold(SST) <input type="checkbox"/> Red <input type="checkbox"/> Lavender <input type="checkbox"/> Green (PST) <input type="checkbox"/> Dk Green <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Navy <input type="checkbox"/> Pink <input type="checkbox"/> Yellow ACD <input type="checkbox"/> Blood Culture <input type="checkbox"/> Urine Lid Color _____ Cup _____ Jug _____ Mono V _____ <input type="checkbox"/> Occult Blood <input type="checkbox"/> Slide <input type="checkbox"/> Stool <input type="checkbox"/> Swab Color _____ <input type="checkbox"/> Aptima Swab <input type="checkbox"/> Pour off <input type="checkbox"/> Spec Type _____ <input type="checkbox"/> ICT Kit <input type="checkbox"/> Other: _____
Direct Care No Physician- 56427 Provider signature: _____ The tests that are ordered within this requisition are medically necessary for the treatment of this patient.				BILL: <input type="checkbox"/> PROVIDER/ OFFICE <input type="checkbox"/> PATIENT/ INSURANCE Please provide a photo copy of the patient's insurance card(s)			
				PRIMARY INSURANCE CARRIER		2 nd - INSURANCE CARRIER	
				POLICY/ MEMBER/ MEDICARE NUMBER		2 nd - POLICY/ MEMBER/ MEDICARE NUMBER	
				GROUP NUMBER/ PERSONAL CODE		2 nd - GROUP NUMBER/ PERSONAL CODE	
				POLICY HOLDER		2 nd - POLICY HOLDER	
CONSULTING COPY TO PHYSICIAN(s) [Last Name, First Name] (COMPLETE MAILING ADDRESS or FAX NUMBER is REQUIRED to SEND a CONSULT REPORT)				Indicate if reason for visit is related to Hospice Care: YES <input type="checkbox"/> NO <input type="checkbox"/> Provide the Name of Hospice: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ Link each DX code above to the test by writing the box number next to the corresponding test name. Physicians should only order tests which are medically necessary for the diagnosis or treatment of the patient. Medicare will not pay for screening tests.			

RML ANALYZER PANELS / CUSTOM PANELS / OTHER TESTS NOT LISTED / ADDITIONAL DX DIAGNOSIS CODES		9-2019
Test Name	Test Code	
SARS-CoV-2 by PCR	6907557	
Novel Coronavirus (SARS-CoV-2/COVID-19)		
SARS-CoV-2 IgG, Spike	6907251	

Novel Coronavirus (SARS-CoV-2/COVID-19)

AOC - Ask On Order Entry	Response		
Is the patient pregnant?	Yes []	No []	Unknown []
Is this the first test for COVID -19?	Yes []	No []	Unknown []
Is the patient employed in healthcare?	Yes []	No []	Unknown []
Group Care Resident?	Yes []	No []	Unknown []
Symptomatic?	Yes []	No []	Unknown []
If Symptomatic, Date of Onset	Date: _____		
Hospitalized?	Yes []	No []	Unknown []
ICU?	Yes []	No []	Unknown []

Collection Instructions:

- Acceptable swabs have synthetic tips (NO cotton or calcium alginate) and plastic shafts (NO wooden shafts).
- Collect a single nasopharyngeal specimen. Oropharyngeal specimens will not be rejected, but due to decreased sensitivity, are NOT preferred. Nasal (nares specimens) are NOT advised.
- Place swab in a transport tube containing 1-3 mL VTM, UTM, M6, M4 or sterile saline; eSwabs may also be used for collection.
- Place tightly sealed specimen within a biohazard bag, one patient specimen per bag. Swabs in media or saline should be refrigerated until picked up.

To reduce the risk of exposure and specimen rejection due to specimen leakage, please follow the instructions below depending on the type of collection kits:

- Break or cut the swab shaft down to the size where the swab and shaft fit inside the tube well enough that the CAP will fit securely.
- Make sure push caps are pushed down straight and tight, wrap with parafilm if available.
- Make sure screw caps are on straight and screwed tightly.
- All caps should be flush with the tube.

If you have any questions please call Communications @ 918-744-2500 option 2 then option 1