



Monarch Global Labs PCR Test Requisition  
CLIA# 10D2259538  
1901 S Harbor City Blvd Suite 507  
Melbourne, FL, 32901  
Phone: 833-469-8378  
Email: info@monarchgloballabs.com

**Patient Information**

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle:</b>	<b>Date of Birth (MM/DD/YYYY):</b>	
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Did not disclose <input type="checkbox"/> Other: _____		<b>Driver's License Number:</b>		
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____			<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone:</b>

**Medical Necessity Evaluation For SARS-CoV-2 RT-PCR & Influenza A & B Viruses & RSV RT-PCR Testing**

<input type="checkbox"/> Acute cough (R05.1)	<input type="checkbox"/> R05.2: Subacute cough	<input type="checkbox"/> Wheezing (R06.2)
<input type="checkbox"/> Chest pain on breathing (R07.1)	<input type="checkbox"/> Anosmia (R43.0)	<input type="checkbox"/> Unspecified disturbances of smell and taste (R43.9)
<input type="checkbox"/> Fever, unspecified (R50.9)	<input type="checkbox"/> Weakness (R53.1)	<input type="checkbox"/> Chills, without fever (R68.83)
<input type="checkbox"/> Contact with and (suspected) exposure to COVID-19 (Z20.822)	<input type="checkbox"/> Contact with and (suspected) exposure to other viral-communicable diseases (Z20.828) <input type="checkbox"/> Other: _____	

**Medical Necessity Evaluation For PCR UTI Panel With Reflex Testing For ABR Genes Testing**

<input type="checkbox"/> Dysuria (R30.0)	<input type="checkbox"/> Frequency of urination (R35.0)	<input type="checkbox"/> Hematuria (R31.0)
<input type="checkbox"/> Lower Abdominal Pain, Unspecified (R10.30)	<input type="checkbox"/> Unspecified abnormal findings in urine (R82.90)	
<input type="checkbox"/> Urinary Urgency (R39.15)	<input type="checkbox"/> Fever, unspecified (R50.9)	<input type="checkbox"/> Other: _____

**Patient Insurance Information (Attach front/back copies of insurance card and driver's license)**

<b>Primary Insurance:</b>	<b>Policy #:</b>	
<b>Insurance Plan (i.e. PPO, HMO, Medicare, etc):</b>	<b>Group Name:</b>	
<b>Name of Person Insured:</b>	<b>Relationship to insured:</b>	<b>Date of Birth (MM/DD/YYYY):</b>
<b>Secondary Insurance:</b>	<b>Policy #:</b>	
<b>Insurance Plan (i.e. PPO, HMO, Medicare, etc):</b>	<b>Group Name:</b>	
<b>Name of Person Insured:</b>	<b>Relationship to insured:</b>	<b>Date of Birth (MM/DD/YYYY):</b>

**Ordering Provider Information**

<b>Institution/Practice Name:</b>			
<b>Provider Name:</b>			<b>NPI:</b>
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Provider Phone:</b>		<b>Fax/Email Report To:</b>	

**Medical Necessity and Provider Consent**

This test is medically necessary for the risk assessment, diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine my patient's medical management and treatment decisions. By my signature below, I indicate that I am the referring physician or authorized health care provider. I have explained the purpose of the test. The patient has been given the opportunity to ask questions and/or seek further counsel. The patient has voluntarily decided to have the test performed by Monarch Global Labs.

<b>Provider Signature:</b>	<b>Date:</b>
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**Laboratory Test Selection**

Select (X)	Test	Specimen Requirements	Storage/shipping
<input type="checkbox"/>	SARS-CoV-2 RT-PCR	Nasal or nasopharyngeal swab collected in Hardy viral transport media.	72 hours refrigerate (2 to 8°C) 7 days frozen (-90 to -70°C) Must be shipped with ice packs.
<input type="checkbox"/>	Influenza A & B Viruses & RSV RT-PCR		
<input type="checkbox"/>	PCR UTI Panel With Reflex Testing For ABR Genes	4 mL clean catch urine sample collected in BD Vacutainer C&S Preservative Urine Tube (fill to "min fill" line on tube).	48 hours refrigerate (2-25°C). Must be shipped with ice packs.

**Specimen Information**

<b>Sample Source:</b> <input type="checkbox"/> Nasal Swab <input type="checkbox"/> Urine <input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Other: _____	<b>Collector's Name/Initials:</b>	<b>Collection Date and Time:</b>
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