

# COVID-19 PCR TESTING – REQUISITION FORM

Information marked with \* is required by CDC. Test cannot be performed without this information.

## 1. Patient Information\*

First Name\*: \_\_\_\_\_ Home Street\*: \_\_\_\_\_  
Last Name\*: \_\_\_\_\_ City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_  
Gender\*:  Male  Female Phone\*: \_\_\_\_\_ Race\*: \_\_\_\_\_  
Date of Birth\*: \_\_\_\_\_  
(mm / dd / yy)  
Email\*: \_\_\_\_\_  
(Please write clearly - This will be used to send you the results)

I hereby authorize payment directly to Superb Diagnostics LLC for all testing. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurance. I hereby authorize Superb Diagnostics LLC to release the results to the testing physician or facility. I also authorize Superb Diagnostics to release results by email.

Signature\*: \_\_\_\_\_  
Date\*: \_\_\_\_\_  
(mm / dd / yy)

## 2. Insurance Information\*

### Primary Insurance

Insurance Name\*: \_\_\_\_\_  
Member ID\*: \_\_\_\_\_  
Group ID\*: \_\_\_\_\_  
Name of Policy Holder\*: \_\_\_\_\_  
Policy Holder DOB\*: \_\_\_\_\_  
(mm / dd / yy)

### Please include the following\*:

- Copy of ID/ Driver License
- Copy of insurance card

OR

Email ID and insurance card to:  
[info@superbdx.com](mailto:info@superbdx.com)

### Relationship to Patient (check one)\*:

- Self
- Spouse
- Parent
- Other

### Complete if you don't have insurance\*:

**Without ID:** I do hereby attest that I do not hold a state ID, Driver License, or SSN and do not have an active insurance coverage at this point in time individually or through my employer or through any state or federal programs to the best of my knowledge. Leave SSN/ID# blank below.

**With ID:** I do hereby attest that I do not hold an active insurance coverage at this point in time individually or through my employer or through any state or federal programs to the best of my knowledge. Please provide below.

SSN/ ID#: \_\_\_\_\_  
Signature: \_\_\_\_\_

## 3. ICD-10 Codes Information\*

### Check all that apply:

- Z20.822: Suspected exposure
- Z20.828 : Known Exposure
- R50.9: Fever, Unspecified
- R05: Cough
- J02.9: Acute pharyngitis, unspecified (Sore throat)
- R06.02: Shortness of breath
- J80: Acute respiratory distress syndrome
- J20.8: Acute bronchitis due to other specified organisms
- J22: Unspecified acute lower respiratory infection
- Z11.59 Prescreening (not covered by Insurance)
- Back to Work/School/Traveling (not covered by Insurance)

### If you have symptoms:

Date of symptoms started: \_\_\_\_\_  
mm/dd/yy

- This is my first time testing for COVID-19
- I am employed in healthcare
- I am currently pregnant
- I am currently a resident in a congregate care setting (ie. Nursing home, residential care, etc.)

## 4. Specimen Information\*

### Specimen Type:

Nasopharyngeal/ Nasal Swab

Date of Collection\*: \_\_\_\_\_

Time of Collection\*: \_\_\_\_\_

### Test Ordered:

SARS-CoV-2 RT-PCR

Ordering Physician: See standing order



Superb Diagnostics, 810 Main Street, Floor 2, Hackensack, NJ 07601

CLIA#: 31D2243031

info@superbdx.com

SuperbDx.com

(551) 209-0090

(551) 209-0088