



Executive Diagnostics LLC

COVID-19 RNA DETECTION REQUISITION FORM

EXECUTIVE DIAGNOSTICS LLC
48 Cortlandt Place, First Floor
Tenafly, NJ 07670
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PART A: PATIENT INFORMATION (REQUIRED)		
Last Name:	First Name:	
Date of Birth (mm/dd/yy):	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Address:		
City:	State:	Zip Code:
Phone #:		

PART B: PROVIDER INFORMATION		
Name of Provider:	MD / DO / NP	
Name of Facility:		
Address:		
City:	State:	Zip Code:
Phone #:	Fax #:	

PART E: SPECIMEN INFORMATION:
Date collected:
Time collected:
Specimen type: Nasal swab (___), Saliva (___)

FOR LAB USE ONLY: Receiving Date: _____ Accession #: _____
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