Please Place Barcode Label Here

Specimen Information

Time Collected

Date Collected

475 Knollcrest Drive Redding, CA 96002 • Phone: (877) 319-7222 • Fax: (530) 319-7225

PCR TEST REQUISITION for Sars-Cov-2 Test (Covid-19)

Test ordered by Dr. Kenneth Korver, MD. NPI# 1326159633 **Signature:** ______________________________

Patient Information

Last Name

Insurance Company Name - If cash pay please write Cash

First Name *MI* ☐M ☐F *Gender*

Insurance Subscriber ID or Member ID

Street Address

Responsible Party Name, if different from Patient

City *State* *Zip*

Date of Birth

Phone Number

Social Security #

Drivers License # and State of Issuance

Information Required by the State of California for Covid-19 Tests:

Race:
- ☐White
- ☐Black or African American
- ☐American Indian or Alaska Native
- ☐Asian
- ☐Native Hawaiian or Other Pacific Islander
- ☐Other Race

Ethnicity:
- ☐Hispanic or Latino
- ☐Not Hispanic or Latino
- ☐Unknown

Preferred Language: ______________________________

Patient Questionaire

☐Yes ☐No Are you concerned that you have been possibly exposed to Covid-19?

☐Yes ☐No Do you suspect that you may have Covid-19?

☐Yes ☐No Have you been exposed to someone who is known or suspected of having Covid-19?

☐Yes ☐No Do you have any of the following symptoms? Please check all that apply:

☐ Fever ☐Cough ☐Sore Throat ☐Chills ☐Muscle Pain ☐Headache

☐ New loss of taste ☐New loss of smell ☐Shortness of Breath or Trouble Breathing

☐Yes ☐No Have you been sent by a medical facility? If yes, which facility? ______________________________

Patient Acknowledgements

_______ *Initial* I am authorizing Lab24 to submit claims for the provided testing to Medicare, Medicaid, or third-party insurance companies on my behalf.

_______ *Initial* I am requesting that Lab24, LLC release my results to myself by telephone.

Patient or Parent/Guardian Signature

If Parent/Guardian Signature - Relationship to Patient

Test ordered through Lassen County Public Health Department