



### Respiratory Requisition

<b>Date Specimen Collected</b>	<b>Time Specimen Collected</b>
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**Laboratory Use Only**

Accession Number	Date Received	Time Received
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Group/Practice Name	Practice Contact Information
Ordering Physicians	Address Line 1 <i>222 Schenck Rd</i>
<input type="checkbox"/>	Address Line 2 <i>Suite 100</i>
<input type="checkbox"/>	City, State Zip <i>Freehold NJ 07728</i>
<input type="checkbox"/>	Phone _____ Fax _____
<input type="checkbox"/>	Other _____

**Patient and Insurance Information  
(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)**

First Name	Last Name	MI	DOB	Gender
Address Line 1	Address Line 2	City	State	Zip
Home Phone	Cell Phone	Race*	Ethnicity*	
Insured's Name	Relationship to Patient	Social Security #		
Home Phone	Cell Phone	DOB	Gender	
Primary Insurance		Secondary Insurance		
Group #	ID#	Group #	ID#	
Address		Address		
City	State	Zip	City	State
			Zip	

### Test Panels

#### Upper Respiratory Panel

**Oropharyngeal Swab OR Nasopharyngeal Swab:**

**Respiratory Pathogen Panel with COVID - 19** (SARS-CoV-2 Assay)

**COVID - 19** (SARS-CoV-2 Assay)

**Throat Swab:**

**Group A Streptococcus**

### ICD-10 Codes

**COVID-19 CODES ARE LISTED BELOW AND MUST BE CHECKED OFF**

<input type="checkbox"/> J12.89 Other viral pneumonia <input type="checkbox"/> J20.8 Acute bronchitis due to other specified organisms <input type="checkbox"/> J22 Unspecified acute lower respiratory infection <input type="checkbox"/> J80 Acute respiratory distress syndrome <input type="checkbox"/> R05 Cough <input type="checkbox"/> R06.02 Shortness of breath <input type="checkbox"/> R50.9 Fever unspecified <input type="checkbox"/> Z20.828 Contact with and suspected exposure to other viral communicable disease	<input type="checkbox"/> A37.90 Whooping cough <input type="checkbox"/> A48.1 Legionnaires' disease <input type="checkbox"/> B95.0 Group A Streptococcus <input type="checkbox"/> J02.0 Streptococcal pharyngitis <input type="checkbox"/> J02.9 Pharyngitis, unspecified <input type="checkbox"/> J06.9 Acute upper respiratory infection, unspecified <input type="checkbox"/> J11.1 Flu Like Symptoms <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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**Please indicate whether a rapid influenza test or a rapid strep test was performed in the office today**

Rapid Influenza Test  Yes  No  Positive  Negative      Rapid Strep Test  Yes  No  Positive  Negative

Signature of Physician or Other Authorized NPI Provider (REQUIRED)	Accessioner Initials 1 _____ 2 _____
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\*Race and Ethnicity are required by certain states and the CDC

\*\*See reverse side for details

### Focused Viral Panel

Influenza A  
Influenza B  
Respiratory Syncytial Virus (RSV)

### Group A Streptococcus

*Streptococcus pyogenes*

### SARS-CoV-2 / COVID 19

**PLEASE NOTE: The Thermo Fisher TaqMan 2019-nCoV Assay Kit v1 and TaqMan 2019-nCoV Control Kit v1 Test and/or TaqPath COVID-19 Combo Kit is indicated as an aid in the diagnosis of specific agents of respiratory illness and results are meant to be used in conjunction with other clinical, laboratory, and epidemiological data. Positive results do not rule out co-infection with organisms not included in the Thermo Fisher TaqMan 2019-nCoV Assay Kit v1 and TaqMan 2019-nCoV Control Kit v1 and/or TaqPath COVID-19 Combo Kit. The agent detected may not be the definite cause of this disease.**

**A Positive result indicates the presence of SARS-CoV-2 RNA but does not exclude bacterial infection and/ or coinfection with other viruses. The agent detected may not be the definitive cause of disease. This result should be combined with clinical observation, patient history, and epidemiological information for patient management decisions.**

**Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment and other patient management decisions. Negative results must be used in conjunction with clinical observation, patient history, and epidemiological information for patient management decisions.**

### GLM Expanded Respiratory Panel

#### Bacteria

*Bordetella (parapertussis, bronchiseptica)*  
*Bordetella pertussis*  
*Chlamydomphila pneumoniae*  
*Haemophilus Influenzae*  
*Klebsiella pneumoniae*  
*Legionella pneumoniae*  
*Mycoplasma pneumoniae*  
*Streptococcus pneumoniae*  
*Staphylococcus aureus*

#### Viruses

Adenovirus  
Bocavirus  
Coronavirus 229E  
Coronavirus HKU1  
Coronavirus NL63  
Coronavirus OC43  
Enterovirus  
HHV3 (Varicella Zoster Virus)  
HHV4 (Epstein Barr Virus)  
HHV5 (Cytomegalovirus)  
Influenza A H1-2009  
Influenza A H3  
Influenza A pan  
Influenza B  
Parainfluenza Virus 1  
Parainfluenza Virus 2  
Parainfluenza Virus 3  
Parainfluenza Virus 4  
Respiratory Syncytial Virus (RSV) A  
Respiratory Syncytial Virus (RSV) B  
Rhinovirus

#### Fungal Target

*Pneumocystis jiroveci*

**COVID 19 TESTING SITES:**

**Freehold**

**315 W. Main Street**

**Freehold, NJ 07728**

**732-414-6850**

**Jackson**

**27 S Cooksbridge Road**

**Suite 1-5 Jackson, NJ 08527**

**732-370-4222**

**Monroe**

**215 Applegarth Rd.**

**Monroe, NJ 08831**

**732-263-7922**

**Brick**

**2125 Route 88 East**

**Brick, NJ 08724**

**732-892-4640**