

Client Services
 P: 800-899-8480 F: 562-799-8901
 www.sterlingpath.com

CUA **05D2225611**
 CAP **9280644**

CLIENT INFORMATION		PATIENT INFORMATION		
Ordering Physician	NP #	Collection Date	Collection Time	
Facility	Phone #	Lastname	Firstname	MI
Address		Address		
Physician/Authorized Signature		City	State	Zip
All diagnosis should be provided by the ordering physician or an authorized designee. Diagnosis/Signs/Symptoms in ICD-10 format in effect at Date of Service.		Date of Birth	Sex	Male Female
		Phone	Email	
BILLING INFORMATION (Face Sheet & front/bade of insurance card must be attached)		Med Rec # / PT ID #	Ethnicity	
		UNINSURED PATIENT ICD-10 OPTION FOR UNINSURED (REQUIRED)		
Bill to: Client Insurance Medicare Medicaid Patient Other	Patient Hospital Status In-patient Out-patient Non-patient	DL / ID #	203.818	Encounter for observation of suspected exposure to other biological agents ruled out
Insured Name	Pre-Authorization #	State of Issue	220.828	Contact with and (Suspected) exposure to other viral communicable (confirmed exposure to COVID-19)
Relationship to patient Self Spouse Child Other	Primary Insurance		211.59	Encounter for screening for other viral diseases (asymptomatic)
	Insured #			
	Secondary Insurance			
	Insured #			

TEST REQUEST	Initial Test	Follow-up Test	(PREVIOUS)	Negative	Positive)
SARS.-CoV-2 NAA (COVID-19)	SARS-CoV-2 IgG AB		ICD-10 CODES - Select/indicate ICD-10 code(S)		
SAMPLE TYPE					
<u>NAA (Nucleic Acid Amplification):</u>					
Anterior Nasal			Pneumonia (COVID-19)		ROS Cough
Nasopharyngeal (NP)			12.89 Pneumonia, Other viral pneumonia		ROG.02 Shortness of Breath
Oropharyngeal (OP)			897.29 Pneumonia, Other coronavirus		RS0.9 Fever, Unspecified
Sputum (Saliva)			D Lower Respiratory Infection (COVID-19)		J01.90 Acute Sinusitis, Unspecified
<u>AB (Antibody): Serology</u>			J22: Acute lower respiratory infection, Unspecified		J06.9 Acute Upper Respiratory Infection, unspecified
Peripheral Blood EDTA (purple top tube (EDTA, Heparin))			897 .29 Pneumonia, Other coronavirus		J18.9 Pneumonia, Unspecified organism
			Acute Bronchitis (COVID-19)		J20.9 Acute Bronchitis, Unspecified
			J20.8 Acute Bronchitis, Unspecified		J32.9 Chronic Sinusitis, Unspecified
			897.29 Pneumonia, Other coronavirus		Other
			Bronchitis (COVID-19)		
			J40 Bronchitis, Unspecified		
			897.29 Pneumonia. Other coronavirus		
			Z03.818 Suspected exposure to COVID-19		
			Z20.828 Known Exposure to COVID-19		

REQUIREMENTS	FOR INTERNAL USE ONLY
Be sure to label the sample transport with the patients Full Name and Date of Birth. All paperwork must be inserted into the OUTSIDE pocket of the specimen bag. Samples will be REJECTED if paperwork is in the same compartment as the sample.	Date Received: LAB Initials:
NAA Transport: Local - Room Temperature (Avoid Extreme Heat) Out of State - Refrigerated (2-8 Centigrade) Specimen Stability: Room Temperature - 12 hours Refrigerated• 24 hours Dry Ice - 72 hours Unsuitable Specimen: Swabs ,n transport media. (VTM, UTM) Swabs with wooden shafts, clear culturettes Charcoal culturettes	EDTA Heparin NP NS OP Saliva OTHER
IgG AB Transport: Refrigerated (Do Not Freeze) Specimen Stability: Refrigerated - 24 hours Unsuitable Specimen: Frozen samples, shipped without gel Pak	For any patient or any payor (including Medicare and Medicaid) only order tests that are Medically Necessary for the Diagnosis or Treatment of the patient. Tests for screening purposes may be ordered. But Medicare patients require an Advanced Beneficiary Notice (ABN) signed by the patient prior to obtaining specimen.