

Client Services

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

 CLIA 05D1012129
 CAP 7183962

CLIENT INFORMATION		PATIENT INFORMATION	
Ordering Physician		NPI#	
Treating Physician		NPI#	
Physician/Authorized Signature:		Collection Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
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.		Name: _____ <small style="display: flex; justify-content: space-between;">LastFirstMI</small>	
		Address: _____	
		City, State, Zip _____	
		D.O.B. _____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Phone: _____	Email: _____
		Med Rec #/ PT ID #: _____	Ethnicity: _____
BILLING INFORMATION (Face Sheet & front/back of insurance card must be attached)			
Bill: <input type="checkbox"/> Client <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Patient <input type="checkbox"/> Other:			
Patient Hospital Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Patient			
Insured Name: _____		Pre-Authorization # _____	
Relationship to Patient: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:			
Primary Insurance: _____		Pre-Authorization # _____	
Insured # _____		Group # _____	
Secondary Insurance: _____		Pre-Authorization # _____	
Insured # _____		Group # _____	

TEST REQUEST		ICD-10 OPTION FOR UNINSURED (REQUIRED)																			
<input type="checkbox"/> Initial Test <input type="checkbox"/> Follow-up Test (Previous: <input type="checkbox"/> Positive <input type="checkbox"/> Negative)		<input type="checkbox"/> UNINSURED PATIENT ICD-10 OPTION FOR UNINSURED (REQUIRED)																			
<input checked="" type="checkbox"/> SARS-CoV-2 NAA (COVID-19) <input type="checkbox"/> SARS-CoV-2 IgG AB		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">DL/ID#:</td> <td style="width: 15%;"><input type="checkbox"/> 203.818</td> <td style="width: 70%;">Encounter for observation of suspected exposure to other biological agents ruled out</td> </tr> <tr> <td rowspan="2">State of Issue:</td> <td><input type="checkbox"/> 220.828</td> <td>Contact with and (Suspected) exposure to other viral communicable (confirmed exposure to COVID-19)</td> </tr> <tr> <td><input type="checkbox"/> 211.59</td> <td>Encounter for screening for other viral diseases (asymptomatic)</td> </tr> </table>		DL/ID#:	<input type="checkbox"/> 203.818	Encounter for observation of suspected exposure to other biological agents ruled out	State of Issue:	<input type="checkbox"/> 220.828	Contact with and (Suspected) exposure to other viral communicable (confirmed exposure to COVID-19)	<input type="checkbox"/> 211.59	Encounter for screening for other viral diseases (asymptomatic)										
DL/ID#:	<input type="checkbox"/> 203.818	Encounter for observation of suspected exposure to other biological agents ruled out																			
State of Issue:	<input type="checkbox"/> 220.828	Contact with and (Suspected) exposure to other viral communicable (confirmed exposure to COVID-19)																			
	<input type="checkbox"/> 211.59	Encounter for screening for other viral diseases (asymptomatic)																			
SAMPLE TYPE NAA (Nucleic Acid Amplification): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Anterior Nasal <input type="checkbox"/> Nasopharyngeal (NP) <input type="checkbox"/> Oropharyngeal (OP) <input type="checkbox"/> Sputum (Saliva) AB (Antibody): Serology <ul style="list-style-type: none"> <input type="checkbox"/> Peripheral Blood EDTA (purple top tube (EDTA, Heparin)) 		ICD-10 CODES - Select/indicate ICD-10 code(S) <table style="width:100%;"> <tr> <td><input type="checkbox"/> Pneumonia (COVID-19) <small>J12.89 Pneumonia, Other viral pneumonia 897.29 Pneumonia, Other coronavirus</small></td> <td><input type="checkbox"/> R05 Cough</td> </tr> <tr> <td><input type="checkbox"/> Lower Respiratory Infection (COVID-19) <small>J22: Acute lower respiratory infection, Unspecified 897.29 Pneumonia, Other coronavirus</small></td> <td><input type="checkbox"/> R06.02 Shortness of Breath</td> </tr> <tr> <td><input type="checkbox"/> Acute Bronchitis (COVID-19) <small>J20.8 Acute Bronchitis, Unspecified 897.29 Pneumonia, Other coronavirus</small></td> <td><input type="checkbox"/> R50.9 Fever, Unspecified</td> </tr> <tr> <td><input type="checkbox"/> Bronchitis (COVID-19) <small>J40 Bronchitis, Unspecified 897.29 Pneumonia, Other coronavirus</small></td> <td><input type="checkbox"/> J01.90 Acute Sinusitis, Unspecified</td> </tr> <tr> <td><input type="checkbox"/> Z03.818 Suspected exposure to COVID-19</td> <td><input type="checkbox"/> J02.9 Acute Pharyngitis, Unspecified</td> </tr> <tr> <td><input type="checkbox"/> Z20.828 Known Exposure to COVID-19</td> <td><input type="checkbox"/> J06.9 Acute Upper Respiratory Infection, Unspecified</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td><input type="checkbox"/> J18.9 Pneumonia, Unspecified organism</td> </tr> <tr> <td></td> <td><input type="checkbox"/> J20.9 Acute Bronchitis, Unspecified</td> </tr> <tr> <td></td> <td><input type="checkbox"/> J32.9 Chronic Sinusitis, Unspecified</td> </tr> </table>		<input type="checkbox"/> Pneumonia (COVID-19) <small>J12.89 Pneumonia, Other viral pneumonia 897.29 Pneumonia, Other coronavirus</small>	<input type="checkbox"/> R05 Cough	<input type="checkbox"/> Lower Respiratory Infection (COVID-19) <small>J22: Acute lower respiratory infection, Unspecified 897.29 Pneumonia, Other coronavirus</small>	<input type="checkbox"/> R06.02 Shortness of Breath	<input type="checkbox"/> Acute Bronchitis (COVID-19) <small>J20.8 Acute Bronchitis, Unspecified 897.29 Pneumonia, Other coronavirus</small>	<input type="checkbox"/> R50.9 Fever, Unspecified	<input type="checkbox"/> Bronchitis (COVID-19) <small>J40 Bronchitis, Unspecified 897.29 Pneumonia, Other coronavirus</small>	<input type="checkbox"/> J01.90 Acute Sinusitis, Unspecified	<input type="checkbox"/> Z03.818 Suspected exposure to COVID-19	<input type="checkbox"/> J02.9 Acute Pharyngitis, Unspecified	<input type="checkbox"/> Z20.828 Known Exposure to COVID-19	<input type="checkbox"/> J06.9 Acute Upper Respiratory Infection, Unspecified	<input type="checkbox"/> Other:	<input type="checkbox"/> J18.9 Pneumonia, Unspecified organism		<input type="checkbox"/> J20.9 Acute Bronchitis, Unspecified		<input type="checkbox"/> J32.9 Chronic Sinusitis, Unspecified
<input type="checkbox"/> Pneumonia (COVID-19) <small>J12.89 Pneumonia, Other viral pneumonia 897.29 Pneumonia, Other coronavirus</small>	<input type="checkbox"/> R05 Cough																				
<input type="checkbox"/> Lower Respiratory Infection (COVID-19) <small>J22: Acute lower respiratory infection, Unspecified 897.29 Pneumonia, Other coronavirus</small>	<input type="checkbox"/> R06.02 Shortness of Breath																				
<input type="checkbox"/> Acute Bronchitis (COVID-19) <small>J20.8 Acute Bronchitis, Unspecified 897.29 Pneumonia, Other coronavirus</small>	<input type="checkbox"/> R50.9 Fever, Unspecified																				
<input type="checkbox"/> Bronchitis (COVID-19) <small>J40 Bronchitis, Unspecified 897.29 Pneumonia, Other coronavirus</small>	<input type="checkbox"/> J01.90 Acute Sinusitis, Unspecified																				
<input type="checkbox"/> Z03.818 Suspected exposure to COVID-19	<input type="checkbox"/> J02.9 Acute Pharyngitis, Unspecified																				
<input type="checkbox"/> Z20.828 Known Exposure to COVID-19	<input type="checkbox"/> J06.9 Acute Upper Respiratory Infection, Unspecified																				
<input type="checkbox"/> Other:	<input type="checkbox"/> J18.9 Pneumonia, Unspecified organism																				
	<input type="checkbox"/> J20.9 Acute Bronchitis, Unspecified																				
	<input type="checkbox"/> J32.9 Chronic Sinusitis, Unspecified																				

REQUIREMENTS	
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.	
NAA <i>Transport:</i> Local - Room Temperature (Avoid Extreme Heat) Out of State - Refrigerated (2-8° Centigrade)	IgG AB <i>Transport:</i> Refrigerated (Do Not Freeze)
<i>Specimen Stability:</i> Room Temperature - 12 hours Refrigerated - 24 hours Dry Ice - 72 hours	<i>Specimen Stability:</i> Refrigerated - 24 hours
<i>Unsuitable Specimen:</i> Swabs in transport media. (VTM, UTM) Swabs with wooden shafts, Clear Culturettes, Charcoal Culturettes.	
<i>Unsuitable Specimen:</i> Frozen samples, shipped without gel Pak	

AFFIXED LABEL

 C006000 Name _____ D.O.B. _____	 C006000 Name _____ D.O.B. _____
 C006000 Name _____ D.O.B. _____	 C006000 Name _____ D.O.B. _____

FOR INTERNAL LAB USE ONLY	
<input type="checkbox"/> EDTA <input type="checkbox"/> Heparin <input type="checkbox"/> NP <input type="checkbox"/> NS <input type="checkbox"/> OP <input type="checkbox"/> Saliva <input type="checkbox"/> Other	
<input type="checkbox"/> Date Received: _____ <input type="checkbox"/> LAB Initials: _____	
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 the specimen.	