Danner Laboratory
Improving Lives With Cytology & Molecular Testing

# REQUEST FORM

Office 858 552-1508
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## PRACTICE / CLINIC INFORMATION

PHYSICIAN'S NAME | SPECIMEN COLLECTION DATE

## PATIENT INFORMATION

LAST NAME | FIRST NAME | MIDDLE INITIAL | DATE OF BIRTH

STREET ADDRESS | CITY | STATE | ZIP CODE

E-MAIL ADDRESS | PHONE # | GENDER

□ Male □ Female

## BILLING INFORMATION

PLEASE SELECT A BILLING OPTION & COMPLETE THE INFORMATION BELOW:

□ Insurance □ Patient (if prepay please attached check or CC info) □ Client □ Information Attached

PRIMARY INSURANCE CARRIER | PRIMARY INSURANCE POLICY / ID NO. | PRIMARY INSURANCE GROUP NO.

**Please include a photocopy of both sides of insurance card(s)**

## SPECIMEN SOURCE:

□ NASOPHARYNGEAL □ OROPHARYNGEAL
□ INTERIOR NARES
□ Other:

## PANEL OPTIONS (check all applicable)

□ COVID 19- PCR
□ FLU A/B
□ RSV- RESPIRATORY SYNCTIAL VIRUS

| ICD-10 CODE(S) | |
|---|---|
| □ NONE | |
| □ MUSCLE ACHES | M79.1 |
| □ SORE THROAT | R07.0 |
| □ HEADACHE | R51 |
| □ NASAL CONGESTION | R09.81 |
| □ SHORTNESS OF BREATH | R06.02 |
| □ COUGH | R05 |
| □ ABDOMINAL PAIN | R10.9 |
| □ UPPER ABDOMINAL PAIN | R10.10 |
| □ LOWER ABDOMINAL PAIN | R10.30 |
| □ NAUSEA | R11.2 |
| □ DIARRHEA | R19.7 |
| □ VOMITING | R11.10 |
| □ FEVER, UNSPECIFIED | R50.9 |
| □ CHILLS W/ FEVER | R50.9 |
| □ CHILLS W/O FEVER | R68.83 |
| □ SUBJECTIVE FEVER | R50.9 |
| POSTNASAL DRIP | R09.82 |
| □ OTHER, SPECIFY______________________ | |

| ICD-10 CODE(S) | CONDITION RELATED TO COVID-19 |
|---|---|
| □ J12.89 OTHER VIRAL PNEUMONIA<br>□ B97.29 OTHER CORONAVIRUS AS THE CAUSE OF DISEASE CLASSIFIED ELSEWHERE | **PNEUMONIA CONFIRMED AS DUE TO COVID-19** |
| □ B97.29 OTHER CORONAVIRUS AS THE CAUE OF DISEASE CLASSIFIED ELSEWHERE<br>□ J22 | **LOWER RESPIRATORY INFECTION, NOT OTHERWISE SPECIFIED, OR AN ACUTE RESPIRATORY INFECTION** |
| □ J98.8 OTHER SPECIFIED RESPIRATORY ORDERS<br>□ B97.29 OTHER CORONAVIRUS AS THE CAUSE OF DISEASE CLASSIFIED ELSEWHERE | **IF COVID-19 IS DOCUMENTED AS BEING ASSOCIATED WITH A RESPIRATORY INFECTION, NOS** |
| □ Z03.818 ENCOUNTER FOR OBSERVATION TO OTHER BIOLOGICAL AGENTS RULED OUT. | **POSSIBLE EXPOSURE TO COVID-19, BUT THIS IS RULES OUT AFTER EVALUATION.** |
| □ J20.8 ACUTE BRONCHITIS DUE TO OTHER SPECIFIED ORGANISMS<br>□ B97.29 OTHER CORONAVIRUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE | **ACUTE BRONCHITIS CONFIRMED AS DUE TO COVID-19** |
| □ J40 BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC<br>□ B97.29, OTHER CORONAVIRUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE | **BRONCHITIS NOT OTHERWISE SPECIFIED (NOS) CONFIRMED AS DUE TO COVID-19** |
| □J80, ACUTE RESPIRATORY DISTRESS SYNDROME<br>□B97.29, OTHER CORONAVIRUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE | **CASES WITH ARDS DUE TO COVID-19** |
| □Z20.828 CONTACT WITH AND SUSPECTED EXPOSURE TO OTHER VIRAL COMMUNICABLE DISEASES. | **ACTUAL EXPOSURE TO SOMEONE WHO IS CONFIRMED TO HAVE COVID-19** |

FOR MEDICARE PATIENTS ONLY: PLEASE ATTACH AN ABN(ADVANCED BENEFICIARY NOTICE OF NONCOVERAGE)