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SARS-COV2 - TESTING REQUISITION

Client Name:	Account #
Client Phone:	Client Fax#
Client Address:	
Ordering Physician:	
DOS: ___/___/___	
Patient Name - First:	Last: M:
Patient DOB: ___/___/___	Sex: [] F [] M Phone #: _____
Patient Address: _____ City/Zip/State _____	
Insurance Plan:	Product: Policy ID: Group #:

TEST: SR008137 - SARS - COV2 - COVID19
 (*Coverage Policy Must Have Exposure) - MUST BE CHECKED TO ORDER

Contact with and suspected exposure to other viral communicable diseases.	Z20.828	
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(*Coverage Policy ALERT - Symptoms and Risk Factors to be a Covered Service.) MUST BE CHECKED TO ORDER - CHECK ALL THAT APPLY

Heart Disease	I51.9	
Lung Disease	J44.9	
Kidney Disease	N18.9	
Diabetes	E11.9	
Chemotherapy, HIV, or other immune disorders such as lupus, rheumatoid arthritis	D84.9	
Fever	R50.9	
Felt Feverish (Chills, Sweating)	R50.9	
Shortness of Breath (not severe)	R06.02	
Cough (new onset or worsening)	R05	
Runny or Stuffy nose	R09.81	
Sore Throat	R07.0	
muscle aches, body aches	M79.1	
headache	R51	
abdominal pain	R10.9	
tiredness or fatigue	R53.83	
nausea, vomiting, or diarrheas	R11.2, R19.7	
decreased and/or loss of the sense of smell	R43.9	
Decreased and/or loss of the sense of taste	R43.9	

Physician Signature:

***APTIMA MULTI-TEST ORANGE SWAB WILL ONLY BE ACCEPTED BY RUCDR/ACCURATE DIAGNOSTIC LABS FOR THEIR PROPRIETARY COVID-19 TEST.
 *THIS SWAB WILL BE REJECTED IF SENT TO ANY OTHER LAB***