NORTHSHORE
CLINICAL LABS

LABORATORY REQUISITION

❑ STAT

PATIENT INFORMATION				INSURANCE /3RD PARTY BILLING		
FACILITY NAME	ROOM#-BED			NAME OF RESPONSIBLE PARTY	STREET ADDRESS (HOME)	
PATIENT NAME LAST FIRST MI.				CITY	STATE/ZIP	PHONE:
SEX	AGE	DATE OF BIRTH	SOCIAL SECURITY NO. - -	MEDICARE #		MEDICAID #
PATIENT'S PHYSICIAN Asim Saeed	NPI # 1033421953			INSURANCE COMPANY NAME: POLICY #		INSURANCE GROUP #
DR./NURSE SIGNATURE				STATE ID|DRIVER'S LICENSE NUMBER		SCHEDULED DATE OF COLLECTION DATE/TIME ACTUAL COLLECTION SPECIMEN COLLECTED BY:
IF ORDERING STANDING ORDERS - PLEASE COMPLETE THE STANDING ORDER FORM						

IF NURSE OR DIALYSIS TECH DRAW: ❑ PICC LIN E ❑ PERIPHERAL DRAW SITE DRAWN: ❑ Rt Arm ❑ Lt Arm ❑ Rt Hand ❑ Lt Hand

SARS-CoV-2	Other Tests, Special Instructions, Clinical History
DX: ❑ Z03818, ❑ Z20828, ❑ R06.02, ❑ R50.9, ❑ Other: _____ ❑ SARS Covid 2 IgG/IgM, SST ☑ SARSCoV2 RNA, RT-PCR, UTM Swab ❑ Respiratory Panel PCR w/Covid 19 UTM Swab ❑ Rapid Antigen ❑ Rapid Antibody ☑ DX Z20.822	

Email Addresses

Email (for result record):

❑ PATIENT REFUSED - NURSES SIGNATURE:

_____

DATE:_____ TIME:_____

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