

OFFICE USE ONLY

Accession #

SARS-CoV-2 Infection Molecular rRT-PCR Test

PATIENT INFORMATION

NAME: _____

LASTNAME FIRSTNAME

DATE OF BIRTH: ____/____/____

MM DD YY

RACE (please circle one):

AFRICAN AMERICAN CAUCASIAN ASIAN

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

AMERICAN INDIAN OR ALASKAN NATIVE OTHER: _____

ETHNICITY (please circle one): HISPANIC OR LATINO NOT HISPANIC OR LATINO

GENDER (please circle one): FEMALE MALE OTHER: _____

PATIENT INFORMATION

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

EMAIL: _____

SAMPLE INFORMATION

DATE OF COLLECTION: ____/____/____

MM DD YY

MEDICAL RECORD # (Office use only): _____

SAMPLE TYPE (please circle one): nasal swab or nasopharyngeal swab

ICD-10 (Office use only): _____

INFORMATION FOR FACILITY SENDING SPECIMEN

ORDERING PHYSICIAN'S NAME: _____

NAME OF FACILITY: _____

NPI: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

INFORMATION FOR LABORATORY PERFORMING TESTING

NAME OF LABORATORY DIRECTOR: Kip Kuttner, DO

NAME OF LABORATORY: PrimBio Research Institute, LLC

ADDRESS: 665 Stockton Drive, STE200-i

CITY: Exton STATE: PA ZIP CODE: 19341

PHONE: (610) 458-1112 FAX: (610) 458-1114

CLIA #: 39D2085645

PrimBio



Clinical Laboratory Improvement Amendments
CLIA ID# 39D2085645

INSURANCE INFORMATION

Insurance 1 (provide photocopy of insurance card)

Member Name: _____

Member Date of Birth: _____

Member Policy # _____

Member SSN # _____ Member Group # _____

Insurance Co. Name: _____

Member Signature: _____

Driver's License (provide photocopy): _____

Insurance 2 (if applicable, provide photocopy of insurance card)

Member Name: _____

Member Date of Birth: _____

Member Policy # _____

Member SS # _____ Member Group # _____

Insurance Co. Name: _____

Member Signature: _____

IDENTIFICATION INFORMATION FOR UNINSURED

I attest that I am uninsured _____ (Sign and date)

SSN if uninsured: _____

Driver's License (provide photocopy): _____

Other State Identification (provide photocopy): _____

