

SARS-CoV-2 Infection Molecular rRT-PCR Test

PATIENT INFORMATION

SAMPLE INFORMATION

NAME: _____
LASTNAME FIRST NAME

DATE OF BIRTH: ____ / ____ / ____ (Please select one):
MM DD YY

FEMALE
 MALE
 UNKNOWN

DATE OF COLLECTION: ____ / ____ / ____
MM DD YY

MEDICAL RECORD #: _____

SAMPLE TYPE: swab

ICD-10 code: _____

INFORMATION FOR FACILITY SENDING SPECIMEN:

ORDERING PHYSICIAN'S NAME: _____

NAME OF FACILITY: _____

CONTACT PERSON: _____ NPI: _____

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



Patient Questionnaire

- **Have you experienced any of these symptoms? (Select any that apply)**
 - Fever Cough Nausea or vomiting Diarrhea Congestion or runny nose New loss of taste or smell Chills Sore throat Headache Fatigue Muscle or body aches Shortness of breath or difficulty breathing
- **Do you have any of the following medical conditions? (Select any that apply)**
 - Asthma or chronic lung disease Cirrhosis of the liver Hypertension or high blood pressure Diabetes Kidney failure or end stage renal disease Serious heart condition, such as congestive heart failure Extreme obesity Diseases or conditions that make it harder to cough Conditions that result in a weakened immune system, including cancer treatment
- **If applicable, are you currently pregnant?** Yes No I don't know
- **Do you work in health care?** Yes No
- **In the past 14 days, have you had known or suspected exposure to the SARS-CoV-2 virus or a COVID-19 patient?**
 - Yes No
- **Do you work in a special setting where the risk of COVID-19 transmission may be high? (This may include long-term care, correctional and detention facilities; homeless shelters; assisted-living facilities and group homes.)** Yes No
- **Are you a resident in a special setting where the risk of COVID-19 transmission may be high? (This may include long-term care, correctional and detention facilities; homeless shelters; assisted-living facilities and group homes.)** Yes No
- **Have you been prioritized for testing by a medical professional?** Yes No
- **Is this your first time taking the COVID-19 test?** Yes No

Consent

I have answered these questions truthfully and to the best of my knowledge. Should I be eligible and choose to receive COVID-19 testing, I acknowledge that I must perform my own nasal swab or have someone capable doing this for me. **See the instruction for swabbing.**

INSURANCE INFORMATION

Insurance 1 (provide photocopy of insurance card)

Member Name: _____

Member Date of Birth: _____

Member Policy # _____

Member SS # _____ Member Group # _____

Insurance Co. Name: _____

Member Signature: _____

Insurance 2 (provide photocopy of insurance card)

Member Name: _____

Member Date of Birth: _____

Member Policy # _____

Member SS # _____ Member Group # _____

Insurance Co. Name: _____

Member Signature: _____

IDENTIFICATION INFORMATION

SSN if uninsured: _____

Driver's License (provide photocopy): _____

Other State Identification (provide photocopy): _____

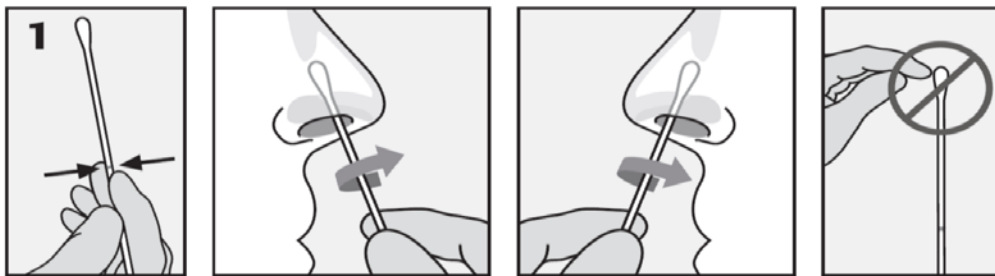
Kit Contents:

- Nasal swab
- Collection/storage tube
- Biohazard bag
- Shipping container
- Shipping label

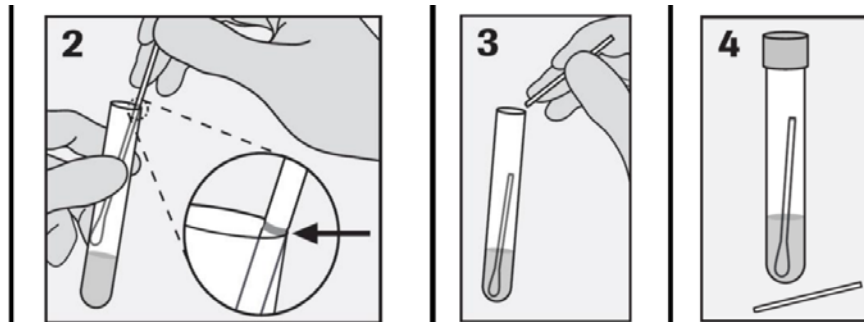
Read ALL instructions before collecting samples!!!

Steps:

1. Stand up tube on flat surface and unscrew cap prior to collection
2. Peel open swab bag and hold by plastic end, **DO NOT TOUCH COTTON SIDE OF SWAB.**
3. Rub swab tip firmly against the inside of your nasal cavity for 15 seconds.



4. Repeat step 3 for the other nasal cavity (using the same swab).
5. Drop swab into the collection tube and firmly screw tube cap closed. Break the handle by the line if using nasopharyngeal or oropharyngeal swab.
6. Label the tube with your name and birthday.
7. Place tube in biohazard bag and seal bag.



8. Place the Requisition Form and photocopies of insurance and identification card in the shipping container.
9. Place the tube in shipping container and ship to the testing lab.