

Account # 240187
 North Cross School
 4254 Colonial Avenue SW
 Roanoke, VA 24018



Client Services Phone: 615-562-9300
 Client Services Fax: 615-562-9301
 Toll Free Phone: 1-888-474-5227
 Toll Free Fax: 1-866-325-5890

All fields required unless otherwise indicated.

Date Collected	Time Collected A.M. P.M.	Patient Name (Last) (First) (M.I.)	Social Security # / Medical Record #	Sex
Birth Date	Patient ID (Not Required)	Requesting Physician PAUL LENKOWSKI, MD, PHD	Referring Physician (Not Required)	
Race (Check One) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other Race <input type="checkbox"/> White			Ethnicity (Check One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Street Address / Apt. #		City	State	Zip
BILLING INFORMATION (MUST BE EITHER COMPLETED BELOW OR ATTACHED)				

Type of Billing <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Patient Self Pay <i>Please attach front and back copy of insurance card</i>	Responsible Party		Responsible Party SS#		
	Responsible Party Billing Address		City	State	Zip
	PRIMARY POLICY	Company Name/Address	Policy #	Group #	
	Subscriber	Relationship to insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		Insured DOB	

TEST(S) ORDERED

SARS-CoV-2, RNA (Coronavirus 2019)
 (PathGroup Test Code: **SARSCOVH**)
 ICD Code(s): _____

Ask at Order Entry (AOE) Questions – ALL REQUIRED

Please answer the following questions with regard to the tested individual:

- First test?
 Yes No Unknown
- Employed in healthcare?
 Yes No Unknown
- Symptomatic as defined by CDC?
 Yes No Unknown
 If Yes, date of symptom onset (MM/DD/YY): _____
- Hospitalized?
 Yes No Unknown
- ICU?
 Yes No Unknown
- Resident in a congregate care setting (including nursing homes, residential care for people with intellectual and developmental disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care or other setting)?
 Yes No Unknown
- Pregnant?
 Yes No Unknown

ADDITIONAL INFORMATION/TESTS: