

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 <b>PAUL LENKOWSKI, MD, PHD</b>	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
<b>BILLING INFORMATION (MUST BE EITHER COMPLETED BELOW OR ATTACHED)</b>				

<b>Type of Billing</b> <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
	<b>PRIMARY POLICY</b>	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): **Z11.59**

**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:**