COVID-19 Testing Requisition Form

1. Patient Information

Patient needs to fill out sections 1,2, and 3

Last Name*	First Name*	Middle Initial	
Gender*: ❑Female ❑ Male	Date of Birth(mm-dd-yy)*:	Race*:	
Mailing Address*	City*	State*	Zip*
Telephone*	Email* (Please write clrealy - This will be used to send you the results)		

I hereby authorize payment directly to Sunshine Laboratory LLC. for all testing. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurance. I hereby authorize Sunshine Laboratory LLC. to release the results to the testing physician or facility.

Patient Signature*: _____ **Date:** _____

2. Insurance Information* *Need copy of Insurance ID and of Photo ID*

Primary Insurance Provider Name	Member ID#	Group#
Secondary Insurance Provider Name	Member ID#	Group#
Name of Policyholder (If different from Patient)	*Policyholder DOB*	*Relationship to Patient: Circle one* Self Spouse Child Parent Other

No health insurance: ❑ Check this Box and sign below. SSN/NJ Driving License is required.
I declare under oath that I do not have any kind of insurance coverage. _____ *(Sign here)*

Nj Driving Licnce :	Social Security Number :

3. ICD-10 Codes Information (Check all applicable):

Check off appropriate code for your symptoms in the box below. If you are exposed to someone who has COVID-19,sSelect code Z20.828. If you suspect that you are exposed, but your are not sure, select code Z03.818.

❑ Z03.818 Suspected exposure	❑ R50.9: Fever, Unspecified
❑ Z20.828 Known Exposure	❑ J80: Acute respiratory distress syndrome
❑ Z11.59 Prescreening	❑ J12.89: Other viral pneumonia
❑ R05: Cough	❑ J20.8: Acute bronchitis due to other specified organisms
❑ R06.02: Shortness of breath	❑ J22: Unspecified acute lower respiratory infection

4. Specimen Information

Collected By: Self Administered	Collection Date:	Collection Time: ❑ AM ❑ PM
Specimen Type: ■ Nasal Swab	Test Ordered: ■ SARS-CoV-2 RT-PCR	

5. Provider Information

Clinet ID:17

Clinic Name: DrugSmart Pharmacy		NPI #: 1164736914	
Mailing Address: 300 Main St	City: Keansburg	State: NJ	Zip: 07734
Telephone: 732-769-5550	Email: contact@sunshinelaboratory.com	Fax: 732-769-5549	

Sunshine Laboratory LLC

***This Information is required by CDC.**
If Required data is missing, laboratory will not be able to process the test.

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