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Genomics Lab: 973-972-3170 Fax: 973-972-0795

SARS-COV2 RT PCR LAB REQUISITION FORM

Collection In	formation	Pati	ient Information
Date of Coll	ection:///		
			(Affix patient label here)
Time of Col	lection:AM/PM		
Sample Typ	e*: □Nasopharyngeal □Nasal Swab		
	e in Viral or Universal Transport Media (VTM/UTM	1)	
	· · · ·	.,	
Indication for	r Study		
ICD-10 Diagn	osis Codes:		
		Send Report 1	
Dhysisian	~		itional Professional Report Recipients
Physician:	Dr.	Nar	me: titution:
Institution:			titution:
Office:	Fax:@	Off	
Phone:	Fax:	Pho	one: Fax:
E-mail:	W	E-n	nail:@
	First-li	ne Test Molecula	ar Testing
C Xpress	First-li XPERT Express SARS-COV2		ar Testing
□ Xpress			ar Testing Patient Information
C Xpress			Patient Information
	XPERT Express SARS-COV2 Patient Race	(RT PCR) Last Name, First Nar Date of Birth	Patient Information
C Xpress	XPERT Express SARS-COV2 Patient Race American Indian or Alaska Native	(RT PCR) Last Name, First Name Date of Birth Medical Record Nur	Patient Information
	XPERT Express SARS-COV2 Patient Race American Indian or Alaska Native Black or African American	(RT PCR) Last Name, First Nar Date of Birth	Patient Information me mber (street)
	XPERT Express SARS-COV2 Patient Race American Indian or Alaska Native Black or African American White	(RT PCR) Last Name, First Name Date of Birth Medical Record Nur	Patient Information me mber (street) (city)
	XPERT Express SARS-COV2 Patient Race American Indian or Alaska Native Black or African American White Asian	(RT PCR) Last Name, First Name Date of Birth Medical Record Nur	Patient Information me mber (street) (city) (state)
	XPERT Express SARS-COV2 Patient Race American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Other Pacific Islander	(RT PCR) Last Name, First Name Date of Birth Medical Record Nur	Patient Information me mber (street) (city)
	XPERT Express SARS-COV2 Patient Race American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Other Pacific Islander Other Race or Unknown	(RT PCR) Last Name, First Nam Date of Birth Medical Record Num Home Address	Patient Information me
	XPERT Express SARS-COV2 Patient Race American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Other Pacific Islander Other Race or Unknown Patient Ethnicity	(RT PCR) Last Name, First Nam Date of Birth Medical Record Num Home Address LAB USE ONLY	Patient Information me (street) (city) (state) (zip code)
	XPERT Express SARS-COV2 Patient Race American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Other Pacific Islander Other Race or Unknown Patient Ethnicity Not Hispanic or Latino	(RT PCR) Last Name, First Nam Date of Birth Medical Record Num Home Address	Patient Information me
	XPERT Express SARS-COV2 Patient Race American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Other Pacific Islander Other Race or Unknown Patient Ethnicity Not Hispanic or Latino Hispanic or Latino	(RT PCR) Last Name, First Nam Date of Birth Medical Record Num Home Address LAB USE ONLY	Patient Information me (street) (city) (state) (zip code)
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	XPERT Express SARS-COV2 Patient Race American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Other Pacific Islander Other Race or Unknown Patient Ethnicity Not Hispanic or Latino Hispanic or Latino	(RT PCR) Last Name, First Nam Date of Birth Medical Record Num Home Address LAB USE ONLY Genetics # Lab/Specimen #	Patient Information me mber (street) (city) (state) (zip code)

DIRECTIONS:

- 1) Complete the above requisition form.
- 2) Collect one nasopharyngeal sample in viral transport media or universal transport media. Ship at room temperature within 24 hrs. of collection.