



Client Service: 800-459-1185

SARS CORONAVIRUS 2 MOLECULAR ANALYSIS REQUISITION FORM

CLIENT IDENTIFICATION	PATIENT IDENTIFICATION
	<div data-bbox="618 541 1442 842" style="border: 1px dashed gray; border-radius: 15px; padding: 20px; text-align: center;"><p>AFFIX PATIENT LABEL (if available)</p></div> <p data-bbox="659 871 1373 905" style="text-align: center; color: #0070C0;">Complete All Fields Not Included on Patient Label</p> <p data-bbox="602 947 1446 989">Patient Last Name: _____</p> <p data-bbox="602 1024 1446 1066">Patient First Name: _____</p> <p data-bbox="602 1073 1446 1157">DOB: _____ Gender (circle): M F</p> <p data-bbox="602 1192 1446 1234">Ordering Physician: _____</p> <p data-bbox="602 1262 1446 1346">Specimen ID: _____</p> <p data-bbox="602 1367 1446 1451">Collection Date: _____</p>

MOLECULAR ANALYSIS

SARS Coronavirus 2

All testing will be CLIENT BILLED