GenesisLabs
LABORATORY OF CHOICE

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Courier P 732 508 9154
genesislaboratory.com

Accession Info (For Genesis Lab Use)

Primarius Pathology

Respiratory Requisition

Date Specimen Collected: _____ **Time Specimen Collected:** _____

Laboratory Use Only
Accession Number _____ Date Received _____ Time Received _____

Practice Name _____ Practice ID _____
Ordering Physicians ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____

☐ _____
☐ _____
☐ _____
☐ _____

Practice Contact Information
Address _____
City, State, Zip _____
Phone _____ Other _____

Surgery Center Name _____
Is this for a pre-operative procedure? _____
Date of Procedure _____
Physician Performing Surgery _____
Physician Performing Surgery Fax _____

Surgery Center Information _____
Address _____
City, State, Zip _____
Phone _____ Fax _____
Other _____

Patient and Insurance Information (Email Address is required for the patient to obtain results)
(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)

YOU MUST CHECK OFF ONE OF THE FOLLOWING:
☐ Skilled Nursing Facility (Inpatient Nursing Home) ☐ Assisted Living ☐ Employee Testing ☐ Self-Pay ☐ Other _____

First Name _____ Last Name _____ Middle Initial _____
Address Line 1 _____ Address Line 2 _____ City _____ State _____ Zip _____
DOB _____ Home Phone _____ Cell Phone _____
Email _____ Gender* _____ Gender Identity* _____
Race* _____ Ethnicity* _____ Sexual Orientation* _____

Insured's Name _____ Relationship to Patient _____ Social Security # _____
Home Phone _____ Cell Phone _____ DOB _____ Gender _____

Primary Insurance _____
Group # _____ ID# _____
Address _____
City _____ State _____ Zip _____

Secondary Insurance _____
Group # _____ ID# _____
Address _____
City _____ State _____ Zip _____

I certify that I do not have insurance at the time of visit _____ **(Patient's Initials)**

Respiratory Test Panels

Nasal Swab OR Nasopharyngeal Swab:
☐ COVID-19 (SARS-CoV-2 PCR Assay) Only
☐ COVID-19 + Influenza A & B, and RSV Panel
☐ Focused Viral Pathogen** (Influenza A & B, RSV, Adenovirus, hMPV, Rhinovirus)
☐ Genesis Expanded Respiratory Pathogen Panel**
☐ _____

Throat Swab:
☐ Group A *Streptococcus*

ICD-10 Codes

COVID-19 CODES ARE LISTED BELOW AND **MUST** BE CHECKED OFF

☐ J20.8 Acute bronchitis due to other specified organisms
☐ J22 Unspecified acute lower repiratory infection
☐ J80 Acute respiratory distress syndrome
☐ R05 Cough
☐ R06.02 Shortness of breath
☐ R50.9 Fever unspecified
☐ Z20.822 Asymptomatic or suspected COVID-19 exposure
☐ Z86.16 Personal history of COVID-19
☐ J11.1 Flu Like Symptoms
☐ J12.89 Other viral pneumonia
☐ J02.9 Pharyngitis, unspecified
☐ A37.90 Whooping cough
☐ B95.0 Group A Streptococcus
☐ J02.0 Streptococcal pharyngitis
☐ U07.01 COVID-19 virus identified
☐ Z01.84 Encounter for antibody response exam
☐ J06.9 Acute upper respiratory infection, unspecified
☐ J12.82 Pneumonia due to coronavirus disease 2019
☐ M35.81 Multisystem inflammatory syndrome (MIS)
☐ M35.89 Other spec. Systemic involvement of connective TISS

Immunodeficiency ICD-10 Codes
☐ D83.9 Common variable immunodeficiency, unspecified
☐ D83.8 Other common variable immunodeficiencies
☐ D81.9 Combined immunodeficiency, unspecified
☐ D81.89 Other combined immunodeficiencies

This test is medically necessary for the diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine my patient's medical management and treatment decisions. The person listed as the ordering provider is authorized by law to order the test(s) requested herein.

_____ _____ Accessioner Initials 1 _____ 2 _____
Signature of Physician or Other Authorized NPI Provider (REQUIRED) **Date**

***Gender, Gender Identity, Race, Ethnicity, and Sexual Orientation** are required by certain states and the CDC. **See Reverse Side For Details. *ICD-10 Codes are listed for information purposes only. It is the provider's responsibility to order tests that are medically necessary and in the best interest of the patient.*

For specimen pick up please call our Courier Line at 732-508-9154.

Genesis Expanded Respiratory Pathogen Panel

Bacteria

Bordetella (parapertussis, bronchiseptica)
Bordetella pertussis
Chlamydophila pneumoniae
Legionella pneumophila
Mycoplasma pneumoniae

Viruses

Adenovirus
Human Metapneumovirus (hMPV)
Coronavirus 229E
Coronavirus HKU1
Coronavirus NL63
Coronavirus OC43
Enterovirus
Influenza A H1-2009
Influenza A H3
Influenza A pan
Influenza B
Parainfluenza Virus 1
Parainfluenza Virus 2
Parainfluenza Virus 3
Parainfluenza Virus 4
Respiratory Syncytial Virus (RSV) A
Respiratory Syncytial Virus (RSV) B
Rhinovirus

Focused Viral Pathogen Panel

Influenza A
Influenza B
Respiratory Syncytial Virus (RSV)
Adenovirus
Human Metapneumovirus (hMPV)
Rhinovirus

COVID-19 + Influenza A&B, and RSV Panel

COVID-19 (SARS-CoV-2)
Influenza A
Influenza B
Respiratory Syncytial Virus (RSV)

Group A Streptococcus

Streptococcus pyogenes

COVID-19 ONLY

COVID-19 (SARS-CoV-2 PCR Assay)

COVID-19

Information about COVID-19 (SARS-CoV-2 PCR Assay)

PLEASE NOTE: Testing was performed using the Thermo Fisher TaqMan 2019-nCoV Assay Kit v1, TaqMan 2019-nCoV Control Kit v1 Test, TaqPath COVID-19 Combo Kit and/ or Panther Fusion® SARS-CoV-2 Assay Kit by real-time (RT) PCR. Positive results do not rule out co-infection with organisms not included in the Thermo Fisher TaqMan 2019-nCoV Assay Kit v1 and TaqMan 2019-nCoV Control Kit v1, TaqPath COVID-19 Combo Kit and/ or Panther Fusion® SARS-CoV-2 Assay Kit by real-time (RT) PCR. The agent detected may not be the definite cause of this disease. This assay is for in vitro diagnostic use under the FDA Emergency Use Authorization (EUA). This test is only authorized for the duration of time of the declaration and for the detection of SARSCoV-2 RNA virus and/ or diagnosis of COVID-19 infection under section 564 (b)(1) of the act, 21 U.S.C.360bbb-3(b)(1) unless the authorization is terminated or revoked sooner.

A Positive result indicates the presence of SARS-CoV-2 RNA but does not exclude bacterial infection and/ or coinfection with other viruses. The agent detected may not be the definitive cause of disease. This result should be combined with clinical observation, patient history, and epidemiological information for patient management decisions.

Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment and other patient management decisions. Negative results must be used in conjunction with clinical observation, patient history, and epidemiological information for patient management decisions.