GenesisLabs
LABORATORY OF CHOICE

1912 Rt 35 S, Ste 203, Oakhurst, NJ 07755
P 732 389 1530 | **F** 732 389 0352
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 _____
Fax _____

Patient and Insurance Information
(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)

First Name _____ Last Name _____ Middle Initial _____ Gender* _____
Address Line 1 _____ Address Line 2 _____ City _____ State _____ Zip _____
DOB _____ Cell/Home Phone _____ Email _____
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 _____

Respiratory Test Panels

Nasal Swab OR Nasopharyngeal Swab:

- ☐ Genesis Respiratory Pathogen Panel **(Including COVID-19)** (UTM Swab) (See back for details.)
- ☐ COVID-19 + Influenza A & B, and RSV Panel (UTM Swab)
- ☐ COVID-19 ONLY (SARS-CoV-2 PCR Assay) (UTM Swab)
- ☐ Genesis Expanded Respiratory Pathogen Panel** (UTM Swab) (See back for details.)
- ☐ _____

Throat Swab:

- ☐ Group A *Streptococcus* (Liquid Amies/eSwab)

****Please note that an immunodeficiency diagnosis code must be selected in order for this test to be performed.**
If an appropriate immunodeficiency code is not selected, testing will automatically be reflexed to the "Genesis Respiratory Pathogen Panel".

ICD-10 Codes

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

- ☐ J06.9 Acute upper respiratory infection, unspecified
- ☐ J11.1 Flu like symptoms
- ☐ R05 Cough
- ☐ R06.02 Shortness of breath
- ☐ R06.03 Acute respiratory distress
- ☐ R06.2 Wheezing
- ☐ R50.9 Fever unspecified
- ☐ U07.1 COVID-19 virus identified
- ☐ J12.82 Pneumonia due to coronavirus disease 2019
- ☐ J12.89 Other viral pneumonia
- ☐ J20.8 Acute bronchitis due to other specified organisms
- ☐ J22 Unspecified acute lower repiratory infection
- ☐ A37.90 Whooping cough
- ☐ Z20.828 Exposure to other viral communicable diseases

Immunodeficiency ICD-10 Codes

- ☐ D81.89 Other combined immunodeficiencies
- ☐ D81.9 Combined immunodeficiency, unspecified
- ☐ D83.8 Other common variable immunodeficiencies
- ☐ D83.9 Common variable immunodeficiency, unspecified
- ☐ D84.821 Immunodeficiency due to drugs
- ☐ D84.89 Other immunodeficiencies
- ☐ D84.9 Immunodeficiency, unspecified
- ☐ _____

*****For Genesis Expanded Respiratory Pathogen Panel, there must be at least one of the immunodeficiency codes in addition to the primary diagnosis code.***

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.

Signature of Physician or Other Authorized NPI Provider (REQUIRED) _____ **Date** _____

Patient Authorization: I hereby authorize Genesis Laboratory Management to submit a claim to my insurance company for above services and appeal if necessary on my behalf.

Signature of Patient (REQUIRED) _____ **Date** _____

Accessioner Initials 1 _____ 2 _____

*__Gender, Gender Identity, Race, Ethnicity, and Sexual Orientation__ are required by certain states and the CDC.

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 Respiratory Pathogen Panel

Viruses
Adenovirus
COVID-19 (SARS-CoV-2)
Human Metapneumovirus
Influenza A virus/Influenza B virus Pan
Respiratory syncytial virus

Bacteria
Bordetella pan (bronchiseptica, parapertussis, pertussis)
Bordetella pertussis
Chlamydia pneumoniae
Mycoplasma pneumoniae
Legionella pneumophila

COVID-19 + Influenza A & B, and RSV Panel	COVID-19 ONLY	Group A Streptococcus
COVID-19 (SARS-CoV-2) Influenza A Influenza B Respiratory Syncytial Virus (RSV)	COVID-19 (SARS-CoV-2)	*Streptococcus pyogenes*

Genesis Expanded Respiratory Pathogen Panel

Viruses
Adenovirus
Coronavirus 229E
Coronavirus HKU1
Coronavirus NL63
Coronavirus OC43
COVID-19 (SARS-CoV-2)
Human Metapneumovirus
Human Rhinovirus/Enterovirus
Influenza A virus
Influenza A virus A/H1
Influenza A virus A/H3
Influenza A virus A/H1-2009
Influenza B virus
Parainfluenza virus 1
Parainfluenza virus 2
Parainfluenza virus 3
Parainfluenza virus 4
Respiratory syncytial virus

Bacteria
Bordetella pan (bronchiseptica, parapertussis, pertussis)
Bordetella pertussis
Chlamydia pneumoniae
Mycoplasma pneumoniae

***For Genesis Expanded Respiratory Pathogen Panel, there must be at least one of the immunodeficiency codes in addition to the primary diagnosis code.**

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

PLEASE NOTE: Testing was performed using the 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 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.