



Respiratory Requisition

Date Specimen Collected: Time Specimen Collected:

Laboratory Use Only

Accession Number Date Received Time Received

Practice Name Practice ID 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 Secondary Insurance
Group # ID# Group # ID#
Address Address
City State Zip City State Zip

Respiratory Test Panels

Nasal Swab OR Nasopharyngeal Swab:

- Genesis Respiratory Pathogen Panel (Including COVID-19) (UTM Swab)
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)

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 respiratory infection
A37.90 Whooping cough
Z20.828 Exposure to other viral communicable diseases

Immunodeficiency ICD-10 Codes

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

**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.

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 Physician or Other Authorized NPI Provider (REQUIRED) Date

Signature of Patient (REQUIRED) Date

Accessioner Initials 1 2

*Gender, Cell/Home Phone, 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 (SARS-CoV-2)
 Influenza A
 Influenza B
 Respiratory Syncytial Virus (RSV)

COVID-19 ONLY

COVID-19 (SARS-CoV-2)

Group A Streptococcus

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.