

## **COVID-19 TEST REQUEST FORM**

9213 Parklane Ave. Franklin Park, Illinois, 60131 Tel No. (847)227-8780 Fax No.(847)929-9766 www.starlabcorp.com/covid

REPORTER INFORMATION			
DATE: ORDERING PHYSICIAN:	_ NPI:	ACCOUNT PHONE NC	
PATIENT INFORMATION			
	ACE White African American/Black Native American	Asian/Pacific Islander Other Unknown PHONE NO.	
INSURANCE INFORMATION			
MEDICARE # PRIVA	TE INSURANCE NAM	GROUP ID	
CLINICAL INFORMATION			
Does the patient have underlying conditions?  ☐ None ☐ Immunocompromised ☐ Unknown ☐ Pregnant ☐ Diabetes ☐ Chronic Lung Diseas ☐ Hypertension ☐ Chronic Liver Disease ☐ Cardiac Disease ☐ Others	e	IOTE/S:	
TEST INFORMATION			
Date Collected Time	Collected :	Sympton	n Onset Date
COVID 2019 TESTING			
Which specimen types have been sent to Star Lab for COVID 19 testing?  NP OP Other: Specimen Collection Date:			
TEST OPTIONS		PAYME	ENT OPTION
SARS-COV-2 (Covid-19) RT-PCR	CASH/CHECK  NAME ON CARD	DISCOVER	VISA AMERICAN
SARS-COV-2(Covid-19) Antibody	CARD NUMBER		
RESPIRATORY PANEL w/ SARS-COV-2 RT-PCR	SIGNATURE	CVV	EXP/DATE