STAR LAB
Excellent service is our way of life

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

DOS : _____ ACCOUNT _____

ORDERING PHYSICIAN: _____ NPI:_____ PHONE NO. _____

PATIENT INFORMATION

FIRSTNAME

BIRTHDATE / /

ETHNICITY
- White
- African American/Black
- Asian
- American Indian
- Pacific Islander
- Middle Eastern
- Hispanic/Latino
- Other

LASTNAME:

PHONE NO.

SEX
- Male
- Female

STREET ADDRESS(Include apartments/suite number)

CITY

STATE

ZIP CODE -

INSURANCE INFORMATION

MEDICARE #

PRIVATE INSURANCE NAME

POLICY ID

GROUP ID

CLINICAL INFORMATION

Does the patient have underlying conditions?

- ☐ None
- ☐ Unknown
- ☐ Diabetes
- ☐ Hypertension
- ☐ Cardiac Disease
- ☐ Others
- ☐ Immunocompromised
- ☐ Pregnant
- ☐ Chronic Lung Disease
- ☐ Chronic Liver Disease

ADDITIONAL NOTE/S:

TEST INFORMATION

Date Collected / /

Time Collected :

Symptom 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

- ☐ SARS-COV-2 (Covid-19) RT-PCR
- ☐ SARS-COV-2(Covid-19) Antibody
- ☐ RESPIRATORY PANEL w/ SARS-COV-2 RT-PCR

PAYMENT OPTIONS

☐ CASH/CHECK ☐ MasterCard ☐ DISCOVER ☐ VISA ☐ ☐ AMERICAN EXPRESS

NAME ON CARD

CARD NUMBER

SIGNATURE CVV EXP/DATE /