



COVID-19 Test Requisition

Patient Information

Please attach a copy of patient demographic sheet

Name (Last name, first)

DOB (mm/dd/yyyy)

Age

Gender

 Male

 Female

Address

City/State

Zip Code

Phone

Email

Ordering Physician Information (required)

Name (Last name, first)

Medical Credentials

NPI #

Facility Name

Address

City/State

Zip Code

Name of Office Contact

Telephone

Patient Payment Options

- Insurance:** Please attach a copy of front and back of insurance card.
- Self-Pay:** Next Genomix Laboratories will contact patient to obtain payment.
- Client Bill or Institution Bill**

Ancestry (Select all that apply)

- African American/Black East Asian Mediterranean
- Ashkenazi Jewish French Canadian Sephardic Jewish
- Asian Hispanic South East Asian
- Caucasian/White Pacific Islander Mixed Race
- Unknown Other

Specimen Information (required)

Date of Collection Collected By

Specimen Type

- BD™ Universal Viral Transport Kit (Preferred)
- Other (Swabs in UVT Media Only)

Test Requested

- COVID-19 Molecular Test

Confirmation of Informed Consent and Medical Necessity

The tests ordered are medically necessary for the risk assessment, diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine this patient's medical management and treatment decision as indicated in the medical necessity document provided on the reverse side of this form. The person listed as the Ordering Physician is legally authorized to order the test(s) requested here in. The patient was provided with information about the risks and benefits of genetic testing and has consented to genetic testing. Medical necessity is provided on the back of this form.

Patient Informed Consent (please sign here)

(COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. The best way to prevent and slow down transmission is be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol based rub frequently and not touching your face. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow).

The COVID-19 test performed at Next Genomix Laboratories is a molecular test that detects three regions of the SARS-CoV-2 genome through Real Time Reverse Transcription Polymerase Chain Reaction (Real Time RT-PCR). This molecular method is extremely accurate and is the preferred method by the FDA.

Your results will be released to clinicians directly involved in your care. Your results are confidential to the extent required by law, and may only be released to other medical professionals with your written consent. No tests other than the specific COVID-19 tests ordered shall be performed on the biological sample and the sample shall be destroyed no more than sixty days after the sample was taken, unless a longer period of retention is expressly authorized in a separate consent form.

By signing below, I, the patient, confirm that I have been informed about the details of the tests ordered for me by my provider that includes Next Genomix Laboratories. I understand the risks, benefits and limitations of testing and I voluntarily consent to testing. I give permission to Next Genomix Laboratories to perform the test described. I do hereby name Next Genomix Laboratories located at 6270 McDonough Drive, Suite G, Norcross, GA, 30093 to act as my Authorized Representative in requesting a prior authorization, appeal or documents from my health insurance carrier regarding the above-noted service or proposed service and to inform my health plan of my test result only if required for preauthorization or payment of additional reflex testing. I understand that I am responsible for all co-pays and deductibles, and for amounts not covered by insurance. By signing below, I authorize that payment(s) be made on my behalf to Next Genomix Laboratories for any services provided to me by Next Genomix Laboratories. I also authorize the release of any medical information necessary to process this claim. I understand that COVID-19 testing not performed by this laboratory will be forwarded to another accredited reference laboratory. I understand and agree that this authorization is voluntary.

Patient Signature

Date

Ordering Physician Signature

Date



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Patient Medical History

Patient Name (Last, First and Middle Initial)

Date of Birth (mm/dd/yyyy)

Gender

Male Female

Reason(s) for Testing

This section provides medical necessity documentation for the COVID-19 Test ordered for this patient.

Select the primary reason(s) for test requested:

- The patient has COVID-19 symptoms.
- The patient has been exposed to an individual who has COVID-19 symptoms.
- The patient has been exposed to an individual who has tested positive for COVID-19.
- The patient is works/lives in high risk for COVID-19 environment.
- The patient works/lives with groups that are among the most vulnerable to COVID-19.

Medical Notes

Blank area for medical notes, consisting of eight horizontal blue bars.

Ordering Physician Signature

Date

Blank lines for signature and date.

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Shipping and Specimen Requirements



Shipping Address:

Attn: Next Genomix Laboratories
6270 McDonough Drive, Suite G, Norcross, GA 30093.



Specimen Requirements: Flexible minitip flocked swab in 1-3mL Universal Viral Transport media (UVT). BD™ Universal Viral Transport Kit is the preferred collection kit. Specimen must be collected from the nasopharynx.

In the event that NGL does not receive sufficient sample material to complete the testing, the ordering party will be notified to provide an additional sample.



Labeling Requirements: Label sample tubes with at least two identifiers. Patient's full name and date of birth, preferred. We strongly recommend including the medical record number and/or specimen ID number also.



Shipping Conditions: After collection, immediately transport specimen to the laboratory for viral testing. If transport to the laboratory is delayed, place specimen on ice or in refrigeration. Sample must be transported to the laboratory on ice or in a cold pack no later than 48 hrs after collection.



Result Delivery: Results are typically delivered within 2 business days (48 hrs). If urgent, clinically actionable results are obtained, they will be communicated by phone, followed by electronic notification. If clarification of the test order or an additional specimen are needed, the client will be contacted. Please provide phone and email for communication (page 1).