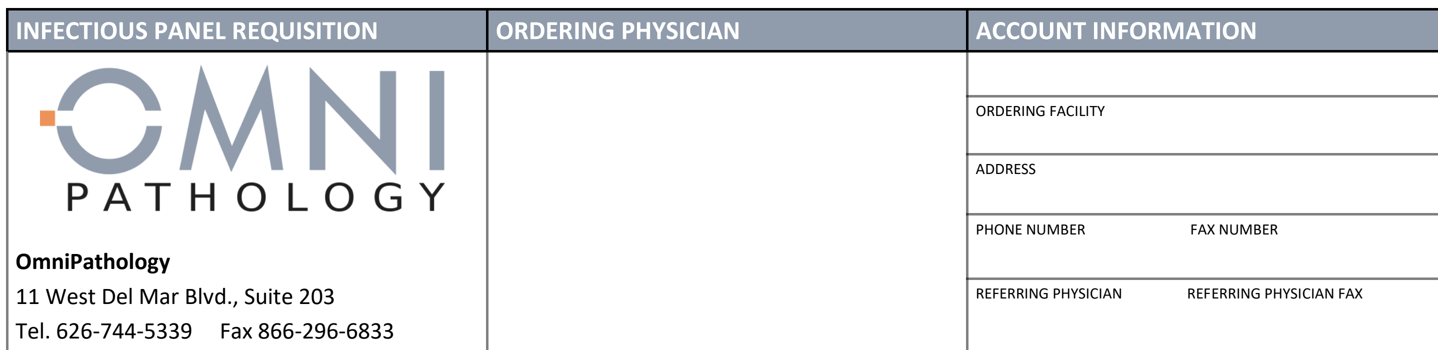

INFECTIOUS PANEL REQUISITION	ORDERING PHYSICIAN	ACCOUNT INFORMATION
OmniPathology 11 West Del Mar Blvd., Suite 203 Tel. 626-744-5339 Fax 866-296-6833		ORDERING FACILITY ADDRESS PHONE NUMBER FAX NUMBER REFERRING PHYSICIAN REFERRING PHYSICIAN FAX

PATIENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	SEX	PATIENT AGE	DATE OF BIRTH

ADDRESS	APT#	CITY	STATE	ZIP	PHONE

❒ American Indian or Alaskan Native
❒ Asian
❒ Black or African American
❒ Native Hawaiian or Other Pacific Islander
❒ White
❒ Hispanic
❒ Multiple/Other

ICD-10 CODE
❒ **Z03.818 -** Encounter for Observation of suspected exposure to other biological agents ruled out

OTHER: ______________________________________

BILLING INFORMATION

❒ Insurance ❒ Medicare ❒ Medicaid ❒ Patient ❒ Client

POLICY NUMBER: ________________________________

ATTACH COPY OF THE FRONT AND BACK OF THE PATIENT'S INSURANCE CARD!

❒ Uninsured Patient

DL/ID #:__________________________

State of Issuance: ______________________

OMNI COVID-19

❒ Nasopharyngeal
❒ Nasal
❒ Mid Turbinate
❒ Oropharyngeal

COLLECTION DATE & TIME: ❒ AM ❒ PM

____

❒ Asymptomatic

❒ Previously Positive Date: __________________

First Test?	❒ Yes ❒ No ❒ Unknown
Employed in Healthcare?	❒ Yes ❒ No ❒ Unknown
Symptomatic as defined by the CDC?	❒ Yes ❒ No ❒ Unknown
If YES, then date of symptom onset (mm/dd/yy):__________________	
Hospitalized for COVID-19?	❒ Yes ❒ No ❒ Unknown
ICU for COVID-19?	❒ Yes ❒ No ❒ Unknown
Congregate Care Setting?	❒ Yes ❒ No ❒ Unknown
Pregnant?	❒ Yes ❒ No ❒ Unknown

BIOFIRE PANEL

❒ **RESPIRATORY 2 (RP2) PANEL (NASOPHARYNGEAL SWAB):**

VIRUSES

- Adenovirus
- Coronavirus 229E
- Coronavirus HKU1
- Coronavirus NL63
- Coronavirus OC43
- Human Metapneumovirus
- Human Rhinovirus/Enterovirus
- Influenza A, including subtypes H1, H1-2009, and H3
- Influenza B Parainfluenza Virus 1
- Parainfluenza Virus 2
- Parainfluenza Virus 3
- Parainfluenza Virus 4
- Respiratory Syncytial Virus

BACTERIA

- Bordetella *parapertussis* (IS1001)
- Bordetella *pertussis* (ptxP)
- Chlamydia *pneumoniae*
- Mycoplasma *pneumoniae*

____
Signature

Patient, Client and Billing information is requested timely processing of this case. Medicare and other 3rd party payers require that services be medically necessary for coverage and generally do not cover routine screening

OP.59 V1.4