VIRAL PCR
Testing Request Form

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Elk Grove Village, IL 60007
Phone: (224) 209-2866
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COLA ID # 31382
CLIA ID# 14D2228088

Facility Information Name: Phone: Fax:

Address: City: State: Zip:

Provider Name / NPI: Phone: Fax:

Address: City: State: Zip:

Provider Signature: Date:

PATIENT INFORMATION

Last Name: First Name: M.I.:

Date of Birth: Gender: Female

Address 1: Apt #:

City: State: Zip:

Phone: Email: Ethnicity: Not Hispanic

Race: Caucasian

INSURANCE INFORMATION

Medical ID:

Private Insurance Name:

Policy ID: Group ID:

Uninsured/Other:

**For uninsured, please provide your SSN#:*

PRIVATE PAY INFORMATION

Cash/Check:

Name on CC

CC#:

Account #:

Expiration Date: Security Code:

Signature:

TESTING INFORMATION

Diagnosis Code: Z20.822

Temperature:

Collector's Signature:

Date:

SPECIMEN INFORMATION

Specimen Type/Source: ☐ Nasopharyngeal swab (NP)

***Collection Date & Time:** 12 / 31 / 2023 11 59 PM

TEST MENU

☐ SARS-CoV-2,RT-PCR, NP **(COVID-19)**

☐ FLU A & FLU B / RSV / COVID-19 PCR PANEL,RT-PCR,NP

☐ FLU A & FLU B,RT-PCR,NP

☐ RSV,RT-PCR,NP

☐ FLU A & FLU B/RSV PCR PANEL,RT-PCR,NP

LAB USE ONLY:

Samples received by (Initials): Notes:

Sample Type:

Date:

LABEL HERE