



COVID-19 TESTING REQUISITION

SPECIMENS: 1 Commercial Street, Branford, CT 06405
Phone: 800-486-6260 / Fax: 516-953-8154
Tax ID# 13-6171197 / CLIA# 07D2101517
CT Lic#: CL-0830 / CAP #9283362

Please fill out all the highlighted fields. Failure to do so may result in delayed testing and delivery of results.

PATIENT INFORMATION

Sema4 will use this information to contact the patient via automatic email, SMS, and/or phone regarding payment, testing status, and online results access. By submitting this requisition, I confirm that I have obtained the patient's authorization to be contacted by Sema4 by these means (email address must be specific to patient listed on form).

PATIENT EMAIL ADDRESS REQUIRED	PATIENT MOBILE/PRIMARY NUMBER REQUIRED	
LAST NAME REQUIRED	FIRST NAME REQUIRED	MI
DATE OF BIRTH MM / DD / YYYY	BIOLOGICAL GENDER <input type="checkbox"/> M <input type="checkbox"/> F REQUIRED	ETHNICITY REQUIRED
PATIENT/CLIENT MRN	PATIENT OCCUPATION	
ADDRESS REQUIRED	CITY / STATE / ZIP REQUIRED	

BILLING INFORMATION

Bill to: Client/Institution Insurance

POLICYHOLDER LAST NAME REQUIRED	POLICYHOLDER FIRST NAME REQUIRED	POLICYHOLDER DOB MM / DD / YYYY
INSURANCE CARRIER REQUIRED	INSURANCE ID REQUIRED	GROUP NO. REQUIRED

BILLING ADDRESS
REQUIRED

OTHER HEALTH COVERAGE (IDENTIFY)

ASSIGNMENT AND RELEASE: I hereby authorize my insurance benefits be paid directly to the provider and I understand that I am financially responsible for uncovered services. I also authorize the release of any information required to process the claim. Billing inquiries, please call 800-298-6470, Option 3.

SIGNATURE _____ DATE MM / DD / YYYY

ORDERING PROVIDER INFORMATION

NAME REQUIRED	NPI REQUIRED
ADDRESS REQUIRED	CLINIC / INSTITUTION REQUIRED
	TELEPHONE
	FAX

MEDICAL PROVIDER SIGNATURE OF MEDICAL NECESSITY REQUIRED BELOW: I certify the medical necessity of the laboratory test(s) requested and that the patient specified above and/or their legal guardian has been informed of the benefits, risks, and limitations of the test(s). I have answered this person's questions and obtained informed consent from the patient or their legal guardian for this testing, to the extent required by law.

SIGNATURE _____ DATE MM / DD / YYYY

SPECIMEN INFORMATION

SPECIMEN TYPE: Oropharyngeal Swab Nasopharyngeal Swab

DATE / TIME SPECIMEN DRAWN
MM / DD / YYYY _____ : _____ AM PM

Please preserve in at least 3 mL transport media as specified per manufacturer's inserts

Samples can be stored/transported at 2 to 8°C if delivered within 24 hours from time of collection.

Specimen storage prior to delivery: Refrigerated (2-8 °C)

Specimen transport/delivery: Cold (ice pack)

Specimen preservation media: UTM (Universal Transport Media) VTM (Viral Transport Media) Saline

Other: _____

INDICATIONS FOR TESTING

ICD10 Dx CODE(S) (Required if indication is not specified above)

<input type="checkbox"/> U07.1 COVID-19	<input type="checkbox"/> R05 Cough
<input type="checkbox"/> J12.89 Other viral pneumonia	<input type="checkbox"/> R06.02 Shortness of breath
<input type="checkbox"/> J20.8 Acute bronchitis due to other specified organisms	<input type="checkbox"/> R50.9 Fever unspecified
<input type="checkbox"/> J22 Unspecified acute lower respiratory infection	<input type="checkbox"/> Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out
<input type="checkbox"/> J40 Bronchitis, not specified as acute or chronic	<input type="checkbox"/> Z20.828 Contact with and (suspected) exposure to other viral communicable diseases
<input type="checkbox"/> J80 Acute respiratory distress syndrome	
<input type="checkbox"/> J98.8 Other specified respiratory disorders	
<input type="checkbox"/> Other (please specify ICD10): _____	

LABORATORY TEST(S) ORDERED

Test Selection (Required)

Please send a separate requisition for each patient sample.

SARS-CoV-2 RT-PCR (COVID-19)

Sample transport:

Send via FedEx or courier for same day or overnight (morning) delivery to:
Sema4, 1 Commercial Street, Branford, CT 06405
Samples must arrive between 8am and 4pm ET Monday to Saturday