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SARS-COV2 -TESTING REQUISITION

Client Name: COVID/COUNTY OF SOMERSET (CLIENT BILL ACCT)		Account # 16729
Client Phone: 908-231-7000		Client Fax #
Client Address: P.O. BOX 3000, SOMERVILLE NJ 08876-1262		
Ordering Physician:		
DOS: / /	Collection Date: / /	Collection Time: : AM / PM
Patient Name - First:	Last:	M:
Patient DOB: / /	Sex: [] F [] M	Phone #:
Patient Address:		City/Zip/State:
Insurance Plan: I2-CLIENT BILL	Product:	Policy ID: Group #:
TEST: [] SR008137 - SARS - COV2 - COVID19 [] SR008138 - SALIVARY, SARS-COV-2 COVID-19 (CORONAVIRUS)		
(*Coverage Policy Must Have Exposure) - MUST BE CHECKED TO ORDER		
Contact with and suspected exposure to other viral communicable diseases.	Z20.828	
(*Coverage Policy ALERT - Symptoms and Risk Factors to be a Covered Service.) MUST BE CHECKED TO ORDER - CHECK ALL THAT APPLY		
Heart Disease	I51.9	
Lung Disease	J44.9	
Kidney Disease	N18.9	
Diabetes	E11.9	
Chemotherapy, HIV, or other immune disorders such as lupus, rheumatoid arthritis	D84.9	
Fever	R50.9	
Felt Feverish (Chills, Sweating)	R50.9	
Shortness of Breath (not severe)	R06.02	
Cough (new onset or worsening)	R05	
Runny or Stuffy nose	R09.81	
Sore Throat	R07.0	
muscle aches, body aches	M79.1	
headache	R51	
abdominal pain	R10.9	
tiredness or fatigue	R53.83	
nausea, vomiting, or diarrheas	R11.2, R19.7	
decreased and/or loss of the sense of smell	R43.9	
Decreased and/or loss of the sense of taste	R43.9	
Other/Comments:		
Physician Signature:		
*APTIMA MULTI-TEST ORANGE SWAB WILL ONLY BE ACCEPTED BY RUCDR/ACCURATE DIAGNOSTIC LABS FOR THEIR PROPRIETARY COVID-19 TEST.		
THIS SWAB WILL BE REJECTED IF SENT TO ANY OTHER LAB		