



MEDICAL DIAGNOSTIC LABORATORIES, L.L.C.

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Coronavirus SARS-CoV-2 [COVID-19] Test Requisition Form

Ordering Physician/Laboratory

(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)

Physician's Signature: Date:
Physician to receive additional result report:

Patient Information (Please Print)

Name (Last, First) (Required):
In Care of:
Patient Address:
City: State: Zip:
Gender (Required): Female Male Date of Birth (Required):
Patient SS#: Patient ID#:
Phone Number: Email:

Billing Information (Please include a copy of the front & back of card.)

Patient Billing Insurance Billing Path Lab/Hospital Physician Account
Relation (Required): Self Spouse Dependant
Diagnosis Codes (Required): Please provide ALL applicable diagnosis codes.
Primary Insurance Carrier:
Insured's Name (if not patient):
Insured's SS#: Insured's DOB:
Claims Address:
Medicare, Medicaid or Policy ID#:
Employer/Group Name: Group#:

Approval has been granted by the New Jersey State Department of Health to perform the SARS-CoV-2 (COVID-19) by Real-Time Reverse Transcription PCR (CDC N1, N2, RP Targets) in accordance with Food and Drug Administration (FDA) emergency use authorization (EUA) policy.

This test can only be performed when the test in parenthesis is positive. All tests performed will be billed.
OneSwab and NasoSwab are registered in the USPTO.
Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment of a patient.

Other Tests/Panels:

Specimen Information

Date Collected (Required): Specimen Type:
Serum Swab (please specify):
COVID-OneSwab Saline UTM/VTM
Specimen Source:
Nasopharyngeal Oropharyngeal Anterior Nares

Test Selection

Nasopharyngeal swab OR Oropharyngeal swab in COVID-OneSwab vial

Test 1131, if not checked below, will be performed and billed.

1131 SARS-CoV-2 [COVID-19] by Real-Time Reverse Transcription PCR (CDC N1, N2, RP targets)

Serum Stable at room temperature

1132 SARS-CoV-2 [COVID-19] IgG/IgM by ELISA*

BOTH swab and serum required. See above for transport requirements.

1133 SARS-CoV-2 [COVID-19] Panel [Real-Time Reverse Transcription PCR (CDC N1, N2, RP targets) and IgG/IgM by ELISA]*

Nasopharyngeal swab in COVID-OneSwab vial

1134 CombiVid Panel [SARS-CoV-2 [COVID-19] by Real-Time Reverse Transcription PCR (CDC N1, N2, RP targets), Influenza A and Influenza B by Multiplex CFX rRT-PCR

DIFFERENTIAL DIAGNOSIS & COINFECTIONS

NasoSwab PEDIATRIC & ADULT Respiratory Infectious Diseases Tests by Real-Time PCR unless otherwise specified

- 369 Acinetobacter baumannii*
222 Adenovirus*
1101 Bordetella parapertussis*
1102 Bordetella pertussis (Reflex to Bordetella holmesii)*
319 Chlamydomphila pneumoniae
273 Coxsackie virus A & B by Pyrosequencing*
1128 Enterovirus D68*
1112 Group A Streptococcus
1125 2009 H1N1 Influenza Virus (Swine Flu) with tamiflu resistance by Pyrosequencing*
1117 Haemophilus influenzae*
1114 Human Bocavirus*
1115 Human Coronavirus (Human Coronaviruses 229E, OC43, NL-63)*
1105 Human Metapneumovirus*
1136 Influenza A and Influenza B by Multiplex CFX rRT-PCR
1109 Moraxella catarrhalis*
1118 MRSA: Methicillin Resistant and Methicillin Susceptible (MSSA) Staphylococcus aureus by Conventional PCR
1119 CA-MRSA: Community-Associated MRSA. Panton-Valentine Leukocidin (PVL) DNA** (Type IV MRSA + #1118 Req.) [Community Associated MRSA = Type IV MRSA+ and PVL+]
336 Mycoplasma pneumoniae*
1121 Neisseria meningitidis (Reflex to penicillin resistance by Pyrosequencing)*
1110 Parainfluenza Viruses 1-4*
174 Pseudomonas aeruginosa*
1127 Rhinovirus and Enterovirus*
1103 Respiratory Syncytial Virus A (RSV A)*
1104 Respiratory Syncytial Virus B (RSV B)*
1116 RSV A & RSV B by Multiplex Real-Time PCR*
1120 Severe Acute Respiratory Syndrome (SARS)*
1111 Streptococcus pneumoniae*

* This test is not available in NY.