



MEDICAL DIAGNOSTIC LABORATORIES, L.L.C.

2439 Kuser Road • Hamilton, NJ 08690-3303
(609) 570-1000 • Fax (609) 245-7665
Toll Free (877) 269-0090
www.mdlab.com



New York 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.)

Specimen Information

Date Collected (Required):

Specimen Source:

[] NasoSwab®

[] Nasopharyngeal Swab [] Oropharyngeal Swab

Test Selection

Nasopharyngeal swab OR Oropharyngeal swab in COVID-OneSwab™ vial OR NasoSwab® (adult swab ONLY, may be self-collected on-site)

Specimens should be refrigerated before shipping to MDL.

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)* \$95.00

Physician's Signature:

Date:

Physician to receive additional result report:

Patient Information (Please Print)

Name (Last, First) (Required):

In Care of:

Patient Address (Required):

City (Required):

State (Required):

Zip (Required):

Gender (Required):

[] Female [] Male

Date of Birth (Required):

Race (Required):

[] African American/Black [] Asian [] Other:

[] Caucasian [] Native American

Ethnicity (Required):

[] Hispanic

[] Non-Hispanic

Patient Phone Number (Required):

Patient SS#:

Patient ID#:

Email:

Occupation (Required):

Employer (Required):

Employer Address (Required):

City (Required):

State (Required):

Zip (Required):

Employer Phone Number (Required):

DIFFERENTIAL DIAGNOSIS & COINFECTIONS

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

If test 1131 SARS-CoV-2 (COVID-19) is ordered on a NasoSwab® specimen, a second separate NasoSwab® specimen must be submitted for the testing below.

319 [] Chlamydomphila pneumoniae \$29.90

1112 [] Group A Streptococcus \$29.90

1118 [] MRSA: Methicillin Resistant and Methicillin Susceptible (MSSA) Staphylococcus aureus by Conventional PCR \$29.90

1119 [] CA-MRSA: Community-Associated MRSA. Panton-Valentine Leukocidin (PVL) DNA** (Type IV MRSA + #1118 Req.) [Community Associated MRSA = Type IV MRSA+ and PVL+] \$29.90

* The Wadsworth Center, New York State Department of Health has reviewed and approved this SARS-CoV-2 [COVID-19] by Real-Time Reverse Transcription PCR (CDC N1, N2, RP Targets).

** 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. MDL offers individual tests, as well as a limited number of customized panels. If you choose to order a panel, please make certain that each and every test is medically necessary. If you check off a panel as your choice, MDL understands that the physician has determined that all of the component tests are medically necessary, and will perform, report and bill for all such component tests.

Other Tests/Panels:

Payment Information Payment Information

[] Check [] Visa [] MasterCard [] Discover [] American Express

Make checks payable to Medical Diagnostic Laboratories.

Cardholder Name:

Cardholder Address:

Card Number:

Exp Date:

Security Code:

Amount to be charged:

Signature:

[] Check box to have a receipt of payment mailed to cardholders address as listed above.