# PCR PANEL REQUEST FORM

## PATIENT INFORMATION

LAST NAME FIRST NAME MIDDLE INITIAL

STREET ADDRESS

CITY STATE ZIP CODE

DOB PATIENT TELEPHONE NUMBER

GENDER ☐ FEMALE ☐ MALE

C L I E N T

CLINIC NAME

ORDERING PHYSICIAN

PHYSICIAN SIGNATURE

The attending physician authorizes GENEX laboratories to perform the test requested on this form

***Ordering Clinician Acknowledgement**: I acknowledge that the tests ordered are medically necessary, and if ordered for the purpose of screening or the likelihood of payment denial has been explained to the patient, prior to obtaining the laboratory specimen, who has signed the Advanced Beneficiary Notice and agreed to be financially responsible for payment of denied tests.*

## PATIENT INSURANCE INFORMATION- *PLEASE ATTACH INSURANCE CARD COPY*

PRIMARY INSURANCE CARRIER PRIMARY INSURANCE POLICY NO. PRIMARY INSURANCE GROUP NO.

## TESTS REQUESTED

☐ RESPIRATORY PCR PANEL

☐ UTI PCR PANEL

☐ NAIL FUNGUS PCR PANEL

## ICD-10 CODES

☐ **R05.3** Chronic Cough ☐ **R06.02** Wheezing ☐ **J449** COPD ☐ **E11.43** Type 2 Diabetes mellitus with diabetic autonomic (poly) neuropathy
☐ **R50.9** Fever, unspecified ☐ **D70.9** Neutropenia, unspecified
☐ **J12.9** Viral Pneumonia ☐ **J20.9** Acute Bronchitis, unspecified

☐ **N390** UTI
☐ **R350** Urinary Frequency ☐ **R339** Urinary Retention

☐ **B35.1** Onychomycosis due to dermatophyte ☐ **L60.0** Ingrowing nail ☐ **L60.1** Oncholysis ☐ **L60.2** Onychogryphosis ☐ **L60.3** Nail dystrophy ☐ **L60.4** Beau's lines ☐ **L60.5** Yellow Nail syndrome

## PATIENT CONSENT

***INFORMED CONSENT OF TEST INFORMATION:** I consent to having the aforementioned analysis performed and the results of the analysis made available to my physician. This signed test request form authorizes Genex Laboratories to perform the test and disclose the results to my medical practitioner. No tests other than those requested above will be performed. I authorize Genex Laboratories to retain this specimen for future testing as requested.*

PATIENT NAME (Please Print) PATIENT SIGNATURE DATE

## COLLECTION INFORMATION

DATE COLLECTED TIME COLLECTED (AM/PM) COLLECTED BY (NAME AND SIGNATURE)

GENEX LABORATORIES
1301 N SAN FERNANDO BLVD
BURBANK, CA 91504

T (818)557-0004
F (818)557-0040

**FOR LAB USE ONLY**

**RECIVED IN LAB**

| DATE | TIME | INITIAL |
|---|---|---|
| | | |

SAMPLE TYPE:

☐URINE ☐WOUND ☐SWAB ☐NAIL ☐SPUTUM