ACCOUNT INFORMATION

ORDERING FACILITY

I authorize the laboratory test(s) as ordered and affirm that each are both medically necessary and correspond to the patient's diagnosis as submitted to the laboratory for testing. I understand that each test I order is a billable event and the patient's medical record must clearly reflect my order.

Ordering Physician's Signature (Required) Date

Print Name_____ NPI#_____

Collection Date and Time _____/_____/_____/_____

Collector's Name and Initials_____

Who is Being Tested? (If applicable)

○ **Patient** ○ **Staff**

RESPIRATORY PANEL ORDERED *See panel details on reverse

- ☐ **Respiratory Pathogen Panel[1]***
- ☐ **COVID-19 (SARS-CoV-2)**
- ☐ **Reflex to RPP if COVID-19 Negative**

MANDATORY ICD10 CODES (See RPP & COVID-19 ICD10 Guide)

- ☐ **Z20.822:** Contact with and (suspected) exposure to COVID-19
- ☐ **Z86.16:** Personal history of COVID-19
- ☐ **Z11.8:** Encounter for screening with other infectious and parasitic diseases (RPP)
- ☐ **U07.1:** COVID-19 Confirmed Diagnosis
- ☐ **R05:** Cough
- ☐ **R06.02:** Shortness of breath
- ☐ **R50.9:** Fever, unspecified
- ☐ **R68.83:** Chills (without fever)
- ☐ **M79.10:** Muscle Pain
- ☐ **R51:** Headache
- ☐ **R.07.0:** Sore Throat
- ☐ **R25:** Repeated shaking with chills
- ☐ **R43.9:** Loss of taste or smell
- ☐ **R09.81:** Runny Nose
- ☐ **R11.0:** Nausea
- ☐ **R19.7:** Diarrhea
- ☐ **M35.81:** Multisystem inflammatory syndrome
- ☐ **M35.89:** Other specified systemic involvement of connective tissue
- ☐ **J12.82:** Pneumonia due to coronavirus disease

Pro-GeneX Laboratories

RESPIRATORY PATHOGEN REQUISITION

NPI 1427610674

669 Lanier Park Drive,
Gainesville, GA 30501

Phone: 844.794.3637
Fax:.679.392.2483
Email: Specimens@pro-genex.com

PATIENT INFORMATION

Attach copy of the Patient's Face Sheet (if applicable)

Name: _____
Last First Middle

Date of Birth: ____/_____/_____ Sex: ☐ Male ☐ Female

Phone#:_____

Email: _____

Adress:_____

City: _____ State:_____ Zip:_____

Race:

- ☐ African American
- ☐ American Indian
- ☐ Asian
- ☐ Hispanic
- ☐ Other
- ☐ Unknown
- ☐ White

Method of Payment:

- ☐ Insured
- ☐ Medicare
- ☐ Medicaid
- ☐ Employer Paid
- ☐ Self Pay
- ☐ Uninsured (Cares Act)

I understand that Pro-GeneX Laboratories, Inc. is NOT a specimen banking facility and my sample will NOT be available after 60 days or for future clinical studies. De-identified samples may be stored in a repository and used internally for validation, educational and/or research purposes OR presented in scientific presentations or papers. In addition, de-identified information may be submitted in a HIPPA-compliant manner to research databases. It is my desire to opt out of participating in any research studies using my DNA sample (initial here) _____.

Release and Consent:
As a courtesy, Pro-GeneX Laboratories, Inc. makes every reasonable effort to obtain reimbursement for ordered tests. I authorize Pro-GeneX Laboratories, Inc. to release to Medicare, it's carriers, and any insurance carrier or health plan providing benefits to me, any information that may be needed for claim purpose. I am making an assignment of Medicare, Medicaid, and/or insurance company benefits to Pro-GeneX Laboratories, Inc. I understand that if my insurance company pays me directly for services rendered by Pro-GeneX Laboratories, Inc. that I am responsible for forwarding such and all payments directly to Pro-GeneX Laboratories, Inc. I also understand and agree that I am responsible for any co-payment and/or deductible, as required by my plan.

IMPORTANT: I have read and understand the Patient Acknowledgement and Consent as well as the Patient Disclosure on the back of this form, I consent to the testing. I permit a copy of this authorization to be used in lieu of the original.

X Consent in Admission Packet (for facility patients.)

_____
Patient Signature Date

X _____
Patient Signature Date

X _____
Parent or Legal Guardian Signature Date

Always use proper CDC guidelines for Providers, Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19).

Respiratory Pathogen Panel Target Organism[1,2]
Bordetella bronchiseptica/ parapertussis/ pertussis
Bordetella pertussis
Klebsiella pneumoniae
Haemophilus Influenzae
Streptococcus pneumoniae
Legionella pneumophila
Mycoplasma pneumoniae
Staphylococcus aureus
Chlamydophila pneumoniae
Adenovirus
Human Bocavirus
Human Coronavirus 229E
Human Coronavirus HKU1
Human Coronavirus NL63
Human Coronavirus OC43
Human Enterovirus (pan assay)
Human Enterovirus D68
Human Metapneumovirus (hMPV)
Human Parainfluenza Virus 1
Human Parainfluenza Virus 2
Human Parainfluenza Virus 3
Human Parainfluenza Virus 4
Human Respiratory Syncytial Virus A (RSVA)
Human Respiratory Syncytial Virus B (RSVB)
Human Rhinovirus 1/2
Human Rhinovirus 2/2
Human Herpesvirus 3 (HHV3 D Varicella zoster Virus)
Human Herpesvirus 4 (HHV4 D Epstein-Barr Virus)
Human Herpesvirus 5 (HHV3 D Cytomegalovirus)
Human Herpesvirus 6 (HHV6)
Influenza A
Influenza A/H1-2009
Influenza A/H3
Influenza B
SARS-CoV-2[2]

Need Help **ORDERING** the **PROPER TEST(S)**?
See RPP & COVID-19 **ICD10 Guide**

Patient Acknowledgement and Consent:
I consent to submit and voluntarily provide my sample to Pro-GeneX Laboratories, Inc. for testing. I certify that the specimen identified and submitted on this form is my own. I have not adulterated it in anyway. I authorize Pro-GeneX Laboratories, Inc. to release the results of this testing to the ordering physician and/or facility.

Patient Disclosure:
Please understand that Pro-GeneX Laboratories, Inc. will report the test results to your physician. Pro-GeneX Laboratories, Inc. will bill your insurance or other healthcare coverage plan for this testing. Pro-GeneX, Laboratories Inc. will accept these fees, as determined by your coverage plan, for our services, and you assign all rights to such fee to Pro-GeneX Laboratories, Inc. Pro-GeneX Laboratories, Inc. will generate a statement to you for any remaining balance. You are responsible for paying Pro-GeneX, Laboratories Inc. for all co-pays, deductibles or non-covered services as dictated by your insurance plan.

Insurance regulations require Pro-GeneX Laboratories, Inc. to seek payment.

For any questions or concerns, please contact Pro-GeneX Laboratories, Inc. at 844-794-8851

Physician Acknowledgement and Consent:
*I authorize the ordered laboratory test. If no profile is selected, Pro-GeneX Laboratories, Inc. will test the comprehensive panel (all specialties).