



CTR LABORATORY  
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## 1 CLIENT INFORMATION

CTR LABORATORY

REQUESTING PHYSICIAN

REFERRING PHYSICIAN REFERRING FAX #

BILL TO:  CLIENT  INSURANCE  MEDICAID  MEDICARE  PATIENT

## 3 PRIMARY INSURANCE INFORMATION

INSURANCE COMPANY NAME

POLICY ID # GROUP #

INSURED'S NAME

RELATION TO PATIENT INSURED'S DOB

EMAIL

## 2 PATIENT INFORMATION REQUIRED FOR TESTING

Collection Info  
 Date Time

FIRST NAME LAST NAME MI

MAILING ADDRESS

CITY STATE ZIP

DOB SOCIAL SECURITY# RACE

GENDER ETHNICITY PHONE

## 4 CLINICAL INFORMATION

DATE OF SYMPTOM ONSET

- Suspected Exposure, Z20.822 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Cough, R05 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Shortness of breath, R06.02 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Exposure to COVID-19 Patient, Z20.828 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Fever, unspecified, R50.9 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Chills, without fever, R68.83 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Encounter for screening, Z11.52 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Headache, R51 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Sore throat (acute), J02.9 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Anosmia (loss of smell) R43.0 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Parageusia (loss of taste), R43.2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Other: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## 5 REQUIRED: SARS-CoV-2 SURVEY

- Has the patient ever been tested for COVID-19?  Yes  No  Unknown
- Is the patient pregnant?  Yes  No  Unknown
- Is the patient employed in healthcare?  Yes  No  Unknown
- Is the patient hospitalized?  Yes  No  Unknown
- Is the patient in ICU?  Yes  No  Unknown
- Is the patient a resident of a congregate care facility?  Yes  No  Unknown

## 6 MOLECULAR TESTING

- COVID-19 (SARS-CoV-2)
  - COLLECTED WITH NASOPHARYNGEAL SWAB
  - COLLECTED WITH NASAL SWAB