

PT. NO.	Hospital Inpatient	Clinic Outpatient
PT NAME (Last, First)		
PT D.O.B.	M <input type="checkbox"/>	F <input type="checkbox"/>
ORDERING PHYSICIAN	NPI #	
SENDER SPECIMEN #		
DATE & TIME COLLECTED	AM	PM
ICD/DIAGNOSIS REQUIRED		
Is this a nursing home/communal living facility? Yes No		
If yes, provide patient status: Resident (bill insurance) Staff/Employee (bill state DOH)		
SEND REPORT TO (Hospital, Clinic, Physician) REQUIRED		
TELEPHONE		
FAX Fax Results? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PATIENT ADDRESS		
CITY	STATE	ZIP
TELEPHONE		

CLINICAL LAB REQUEST
 UW MEDICINE
 REFERENCE LABORATORY SERVICES
Virology_COVID-19

University of Washington Medical Center
 1959 NE Pacific St, NW 220
 Seattle, WA, 98195
 (206) 520-4600 Specimen Questions, Pick-up, Results/Billing
<http://depts.washington.edu/rspvirus>
<http://depts.washington.edu/labweb>

FOR UW LAB USE ONLY	
UW LAB ACC. #	
LOGGED IN BY:	PROCESSED BY:

1. Universal transport media (liquid) recommended. No microbiology gel for viral cultures.
 2. Flocked swabs (mini-tipped for NP swab) recommended. No foam swabs for viral cultures.
 3. Culturette recommended for PCR detection from mucosal surfaces.
- Please submit each specimen with its own requisition in a single, separate specimen bag. UW cannot accept self-collected samples directly from patients/family members.**

MOLECULAR TESTING

SARS-CoV-2 (COVID-19) Qualitative PCR **NCVQLT**

Specimen Source: Nasopharyngeal swab Nasal swab Sputum Other _____

SEROLOGY

COVID-19 Antibody, IgG (Nucleocapsid protein) **NCVIGG**

COVID-19 Antibody, IgG (Quantitative, anti-Spike) **NCVIGQ**

COVID-19 Antibody, IgG Immune Status (Nucleocapsid & Quantitative anti-Spike) **NCVIGB**

Specimen Source: Gold SST serum Orange RST serum Red serum

NEXT-GENERATION SEQUENCING

SARS-CoV-2 NGS Variant Analysis **2VIRO**

Specimen Source: Nasopharyngeal swab

SARS-CoV-2 NGS Epidemiology (Pair-Wise Nucleotide Distance) **2VIRO**

* Intended for a cluster of two or more patients

Specimen Source: Nasopharyngeal swabs

PATIENT RACE		PATIENT ETHNICITY	
American Indian or Alaska Native	A	Not Hispanic or Latino	1
Black or African American	B	Hispanic or Latino	20
White	C	Unknown	25
Asian	E		
Native Hawaiian or Other Pacific Islander	L		
Other Race or Unknown	Y		

BILLING INFORMATION (REQUIRED)

All ordering entities outside Washington State will be billed directly. Sections 2 and 3 will not apply.
 For ordering entities in Washington State, answer the following:
 Is this a hospital inpatient or hospital outpatient? Yes No (If Yes, the ordering entity will be billed directly.)
 If no, please indicate who should be billed: Ordering Entity Insurance Uninsured Patient Fund

INSURANCE INFORMATION (Section 2)	UNINSURED PATIENT FUND (Section 3)
INSURANCE NAME	If you want UW Medicine to bill the CARES Act Provider Relief Fund for uninsured patients, you must provide the following information. If the criteria for billing the Fund is not met, the ordering entity will be billed. See https://coviduninsuredclaim.linkhealth.com/billing-codes.html
SUBSCRIBER NAME	
SUBSCRIBER ID. #	
GROUP#	You have verified and attest to the best of your knowledge the patient does not have coverage through an individual, or employer-sponsored plan, Federal Employee Health Benefits Program, federal health program, Medicare, or Medicaid and no other payer will reimburse for COVID-19 testing at the time the test was ordered: Yes No
INSURANCE ADDRESS	Provide one of the following: Patient Social Security # OR WA State Driver's License or ID#:

CMS MEDICAL NECESSITY INFORMATION

It is our policy to provide health care providers with the ability to order only those lab tests medically necessary for the individual patient and to ensure that the convenience of ordering standard panels and custom profiles does not impact this ability. While we recognize the value of this convenience, indiscriminate use of panels and profiles can lead to ordering tests that are not medically necessary. Therefore, all tests offered in our panels and profiles can be ordered individually as well. We encourage you to order individual tests or a less inclusive profile when not all of the tests included in the panel or profile are medically necessary for the individual patient.

MEDICARE BILLING INFORMATION

[Medicare billing policy prevents us from submitting a Medicare claim for laboratory testing referred to us on hospital inpatients or hospital outpatients.](#) For these samples, we will bill the sending location.

MEDICAL NECESSITY INFORMATION

When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests which are medically necessary for diagnosis or treatment of the patient. You should be aware that Medicare generally does not cover routine screening tests, and will only pay for tests that are covered by the program and are reasonable and necessary to treat or diagnose the patient