

<b>Placer County (19207-MDT19207)</b>	
<b>Provider</b>	
19396	<input type="checkbox"/> A. Sisson
<input type="checkbox"/> 360 Nevada Street, Auburn, CA 95603	



# Requisition Form

(800) 820 - 8803

20200913C

Testing performed at MD Tox Laboratory, 1565 McGaw Ave. Suite B, Irvine CA, 92614 | NPI No. 1174882948. CLIA No. 05D2040304. FDA No. FEI: 3011213917 | Laboratory Director: S. Huang, M.D. PhD, A. Baca, M.D. PhD

(CPT codes available at <https://ihealthdiagnostics.org>)

All fields are required.

PATIENT	
Name (Last, First)	
Sex & DoB <input type="checkbox"/> M <input type="checkbox"/> F DoB:	
Racial <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Address	
City	
County	
State, Zip, Phone State Zip Code Phone #	
Country of Resident <input type="checkbox"/> US <input type="checkbox"/> Name country	
BILLING	
Method of payment <input type="checkbox"/> Insurance Attach a copy of your insurance card	
Insurance Name	
Insurance Information Policy # Group #	
ICD-10 CODES CoVID-19, PCR	
SPECIMEN	
Collection Date	
Collector's Initial	
AOE	
First COVID-19 test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Employed in Healthcare? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Have any of these symptoms?	
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Nausea or vomiting
<input type="checkbox"/> Cough	<input type="checkbox"/> Muscle or body Aches
<input type="checkbox"/> Headache	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Fever or chills
<input type="checkbox"/> New loss of taste or smell	<input type="checkbox"/> Shortness of breath or difficult breathing
<input type="checkbox"/> Congestion or runny nose	
<input type="checkbox"/> Other:	
If yes, date of symptom onset. MM/DD/YYYY	
Are you currently hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Are you currently in the ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Email	
Email	
PATIENT CONSENT (required)	
Signature Date	
PHYSICIAN ACKNOWLEDGEMENT	
By signing below, I certify that each of the tests selected on this requisition is medically necessary and appropriate to treat this patient on this day of service. Required for Medicare/Medi-Cal/Medicaid.	
Signature Date	

Orders and diagnosis must be established by an Authorized Provider under civil, criminal, and administrative law. Any and all tests to bill federal payers must be medically necessary. Refer to the PAC form for panel details.

SCHOOL DISTRICT	
19220	<input type="checkbox"/> Ackerman Charter School District
19221	<input type="checkbox"/> Alta-Dutch Flat Union Elementary School District
19222	<input type="checkbox"/> Auburn Union Elementary
19223	<input type="checkbox"/> Colfax Elementary School District
19224	<input type="checkbox"/> Dry Creek Jt. Elementary District
19225	<input type="checkbox"/> Eureka Union Elementary School
19226	<input type="checkbox"/> Foresthill Union Elementary School
19227	<input type="checkbox"/> Harvest Ridge Schools
19228	<input type="checkbox"/> Horizon Charter Schools
19229	<input type="checkbox"/> Loomis Union School District
19230	<input type="checkbox"/> Mid-Placer Transportation JPA
19231	<input type="checkbox"/> Newcastle Elementary School District
19232	<input type="checkbox"/> Placer County Office of Education
19233	<input type="checkbox"/> Placer Hills Union Elem. School District
19234	<input type="checkbox"/> Placer Union High School District
19235	<input type="checkbox"/> Rocklin Unified School District
19236	<input type="checkbox"/> Roseville City Elementary School
19237	<input type="checkbox"/> Roseville Joint Union High School
19238	<input type="checkbox"/> Tahoe-Truckee Unified School District
19239	<input type="checkbox"/> Western Placer Unified School District
The person related to School District being tested is a/an:	
<input type="checkbox"/> Education sector individual with frequent interactions with student or public. <input type="checkbox"/> Individual in food services <input type="checkbox"/> Individual working in public transportation <input type="checkbox"/> Other "essential worker"	
What school or designated facility do you belong to:	
<input type="checkbox"/> The name of my school or designated facility is: _____ <input type="checkbox"/> Not Applicable	
TEST	
Viral Test	
6547	<input type="checkbox"/> COVID-19, Nasal <i>Required: Nasal swab</i>
Note:	
IHD Internal Use Only	
Acc. By: _____	P: _____ T: _____
QC. By: _____	P: _____ T: _____