Virant Diagnostics, Inc.

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Respiratory Tract Infection (RTI) Test Requisition Form

Place Barcode Label Here

Nasopharyngeal Swab Specimen Information
Collection Date: ____ / ____ / ______
Collection Time: ____ : ____ ☐ AM ☐ PM

PATIENT INFORMATION

Last Name:	First Name:	Date of Birth:
Email:	Phone:	Gender: ☐ M ☐ F
Address:	City: State:	Zip:

DIAGNOSIS CODES

☐ Z20.828: Contact with and (suspected) exposure to other viral communicable diseases	☐ Z20.818: Contact with and (suspected) exposure to other bacterial communicable diseases	☐ Z20.822: Contact with and (suspected) exposure to COVID-19
☐ R05: Cough	☐ R06.02: Shortness of breath	☐ R07.1: Chest pain on breathing
☐ R09.3: Abnormal sputum	☐ R34.1: Disturbance in smell	☐ R50.9: Fever, unspecified
☐ J06.9: Acute upper respiratory infection, unspecified	☐ J22: Acute lower respiratory infection, unspecified	☐ J01.90: Acute sinusitis, unspecified
☐ J02.9: Acute pharyngitis unspecified	☐ J32.9: Chronic sinusitis, unspecified	☐ J40: Bronchitis, unspecified
☐ J18.9: Pneumonia, unspecified organism	☐ J12.89: Other viral pneumonia	☐ Other:

PATIENT CONSENT/AUTHORIZATION

- I hereby authorize the release of medical information related to this service for submission of personal reports to my healthcare providers and insurance carriers.
- In addition, I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

Patient Signature: ____ **Date:** ____ / ____ / ______

INSURANCE AND PAYMENT INFORMATION

☐ Bill Insurance (Attach copy of insurance card, front and back) ☐ Bill Client ☐ Bill Patient (Cash/Check/Credit Card) ☐ Other:

Primary Plan Name:	Policy Holder Name:
Policy #:	Group #:
Secondary Plan Name:	Policy Holder Name:
Policy #:	Group #:

HEALTHCARE PROVIDER INFORMATION

Provider Name:	NPI:
Organization:	Phone:

Address:	City: State:	Zip:

Provider Authorization Signature: ____ **Date:** ____ / ____ / ______

TEST MENU

Specimen Requirements: *A nasopharyngeal swab must be collected and refrigerated prior to shipment. The specimen can be shipped at room temperature.*

☐ **Cepheid 4 Viral Pathogen Panel** (CPT code 0241U)
A nasal swab specimen is also acceptable.
4 viruses: Influenza A, Influenza B, Respiratory Syncytial Virus (RSV), SARS-CoV-2

☐ **Respiratory I Plus Viral Panel** (CPT code 87631)
8 viruses: Adenovirus, Enterovirus, Influenza A (Pan), Influenza B, RSV A/B, Rhinovirus, Human Metapneumovirus, SARS-CoV-2

☐ **Respiratory III Plus Bacterial Panel** (CPT code 87632)
8 bacteria: *Chlamydia pneumoniae, Moraxella catarrhalis, Klebsiella pneumonia, Staphylococcus aureus, Haemophilus influenzae, Legionella pneumophila, Mycoplasma pneumoniae, Streptococcus pneumoniae*

☐ **Comprehensive Respiratory Panel for 42 Pathogens** (CPT code 87633)
42 pathogens: Please visit our website for detailed panel description.

FOR LABORATORY USE ONLY

Accession #:	Patient ID:
Client/Physician ID:	Date Received: ____ / ____ / ______ Time Received: ____ : ____ ☐ AM ☐ PM

Please visit webpage at www.virantdx.com/testing-solutions/molecular-microbiology/rti-panel-testing/ and contact us at microbiologylab@virantdx.com or (877) 888-2973 for any inquiries.