

LABORATORY Phone: 413-582-2161

PATIENT NAME:		DATE TO BE DONE	WRITTEN BY:
(LAST)	(FIRST)	MED REC #	DATE/TIME COLLECTED: BY:
ADDRESS:		<input type="checkbox"/> STANDING ORDER	RESPONSIBLE PARTY: RELATIONSHIP TO PATIENT: SELF DEPAENDENT SPOUSE
		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
PHONE:	BIRTHDATE MONTH DAY YR	INSURANCE COMPANY NAME / ADDRESS:	
INSURANCE TYPE	INSURANCE NO.	INSURED'S EMPLOYER	GROUP #
ORDERING PHYSICIAN	PCP	SEND COPY TO:	
DIAGNOSIS / REASON FOR THE TEST(S) ICD10 CODES PREFERRED			

☐ **COVID-19 Serology (SARS-CoV antibody, total) ****

**** NOTE:** SARS-CoV-2 antibody tests should be used 1) as an aid to diagnosis in patients with syndromes compatible with COVID-19 AFTER negative PCR testing or 2) to test asymptomatic patients for evidence of Prior infection. Individuals who develop antibodies typically start to do so between 7-21 days after symptom onset.

In the past 7 Days, has this patient had new/worsening symptoms (Listed below)?

☐ NO ☐ YES*** Date of Symptom onset _____

Symptomatic Patients: Please specify symptoms Date of symptom onset: _____

- ☐ Fever ☐ Cough ☐ Mild Shortness of Breath ☐ Sore Throat ☐ Muscle Aches
☐ Runny Nose / Nasal Congestion ☐ Loss of Smell/Taste ☐ Other Atypical Symptoms concerning for COVID-19

***Patients with symptoms must also have a negative PCR test. These patients must schedule their blood draw at the Cooley Dickinson Respiratory Illness Clinic (RIC) by calling 413-582-2881

PHYSICIAN SIGNATURE: _____

PRINT NAME: _____

***OFFICE WILL BE CONTACTED IF DIAGNOSIS FAILS MEDICAL NECESSITY STANDARDS.**

CDH 671-18 Rev. 6/17/20

White: Lab

Yellow: Physician