


**LABORATORY 413-582-2161**

PATIENT NAME: _____ (LAST) (FIRST)		DATE TO BE DONE	WRITTEN BY:
		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 PCR Order:** Choose Symptomatic or Asymptomatic and check all boxes that apply.

**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

**Asymptomatic Patients:** Please specify approved indication

- Prior indeterminate/inconclusive COVID-19 result
- Patient with positive results who requires testing for resolution of infection status per MGB Policy
- Required for placement or intakes (e.g. SNF, Dialysis, Dept of Children & Families, Home Health, other congregate setting.
- Approved Partners COVID-19 Research Pathway
- Approved by biothreats / infection control / biosafety (including Infection Control Special Investigation)
- Positive serology for COVID-19 (1gM or 1gG) within prior 10 days (Only required if patient has upcoming in person visit within 10 days of test.
- Close contact within the last 14 days with a confirmed COVID-19 positive person
- Elective, travel and other non-medical testing indication. (Insurance companies generally do not cover these indications. Patients may be charged for this test. MGB employees will not be charged.)

**\*\* Definition of Exposure:**

- Exposure is defined as >10 cumulative minutes of face-to-face contact, within 6 feet with a confirmed or presumed case of COVID-19 (in EPIC, COVID-19 or CoV- Presumed) starting from 2 calendar days prior to symptom onset or, in setting of asymptomatic infection, starting 2 calendar days prior to test collection. Public health authorities may also identify exposures outside of the workplace.

**PHYSICIAN SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

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

CDH 671-86 Rev. 11/4/2020

White: Lab

Yellow: Physician