



SARS-CoV-2 COVID TESTING

Department of Laboratories
4800 Sand Point Way NE, OC.8.720
Seattle, WA 98105
www.seattlechildrens.org/labman

Patient's Last Name:	First:	Middle:	Date of Birth:	Sex:
Seattle Children's MRN (if known):		Send Report To:		
Ordering Provider:		Address:		
Provider Phone Number:	Phone:	Fax:		

SYMPTOMS / DIAGNOSIS (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Contact with and suspected exposure to COVID-19 (Z20.822)
(use also for pandemic-related screening) | <input type="checkbox"/> Loss of Smell (R43.0) |
| <input type="checkbox"/> Cough (R05) | <input type="checkbox"/> Myalgia (M79.10) |
| <input type="checkbox"/> Diarrhea (R19.7) | <input type="checkbox"/> Nasal Congestion (R09.81) |
| <input type="checkbox"/> Fatigue (R53.83) | <input type="checkbox"/> Shortness of breath (R06.02) |
| <input type="checkbox"/> Fever (R50.9) | <input type="checkbox"/> Sore Throat (J02.9) |
| <input type="checkbox"/> Headache (R51.9) | <input type="checkbox"/> Other: _____ |

COLLECTION INFORMATION

ORDER	TEST	STORAGE AND STABILITY	
<input type="checkbox"/> COVID-19	COVID-19 Qualitative PCR	Stability: Ambient: 4 hours, Refrigerated: 3 days, Frozen (-70): >3 days	
Date & Time Collected:	____ / ____ / ____	____ : ____ AM / PM	Collected By: _____
Specimen Type:	<input type="checkbox"/> NP Swab in UTM	<input type="checkbox"/> MT Swab in UTM	<input type="checkbox"/> Other (Specify): _____
Temp. Since Collection:	<input type="checkbox"/> Ambient	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Frozen

BILLING INFORMATION

BILL TO: Insurance (Attach front and back copy of card) DSHS Medicaid (Only Alaska, Idaho, Montana, and Washington accepted)

Patient Address:	Patient Phone:
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PATIENT INSURANCE INFORMATION

Primary Insurance Company/Medical Coverage:	
Guarantor Name:	
Guarantor Address:	Guarantor Phone:
Subscriber Name:	Subscriber DOB:

FOR SCH LAB USE ONLY:

Use existing Urgent Care or Sand Point Learning Center (SPLC) encounter.

the completed requisition to (206) 985-3111.
mail COVID-19FamilyCallCenter@seattlechildrens.org