



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:		

DIAGNOSIS CODES

- Z20.828 - Contact with and suspected exposure to COVID-19 R05 - Cough
 Z11.59 - Screening for COVID-19 (no signs, symptoms, or suspected exposure) R50.9 - Fever
 Other: _____

PATIENT SYMPTOMS (REQUIRED)

- | | |
|---|---|
| <input type="checkbox"/> Chills | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Loss of Smell |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Myalgia |
| <input type="checkbox"/> Difficulty Breathing | <input type="checkbox"/> Nasal Congestion |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Not Indicated |

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:
------------------	----------------

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.

Fax the completed requisition to (206) 985-3111.
Questions? Email COVID-19FamilyCallCenter@seattlechildrens.org