Reditus LABORATORIES

COVID-19 Testing Request Form

(Print using upper case letters)

redituslabs.com

LAB USE ONLY

Specimen Number Area Below

PATIENT INFORMATION

PATIENT'S FIRST NAME

BIRTHDATE / /

PATIENT'S LAST NAME

PATIENT'S IDENTIFICATION NUMBER

PREGNANT
- ○ Yes ○ No ○ UNK

RACE
- ○ White
- ○ African American/Black
- ○ Native American
- ○ Asian/Pacific Islander
- ○ Other
- ○ Unknown

ETHNICITY
- ○ Hispanic
- ○ Non-Hispanic

SEX
- ○ Male
- ○ Female

STREET ADDRESS (Include apartment/suite number)

CITY

STATE

ZIP CODE

PHONE NUMBER - -

TEST INFORMATION

DATE COLLECTED / /

TIME COLLECTED :

SYMPTOM ONSET DATE / /

ONLY ONE (1) SAMPLE PER FORM

SPECIMEN SOURCE TYPE

- ○ Nasopharyngeal Swab
- ○ Nasal Swab
- ○ Pharyngeal Swab
- ○ Oropharyngeal Swab

1CD-10 CODE

- ○ R05 Cough
- ○ R50.9 Fever
- ○ R06.02 Shortness of Breath
- ○ Z20.828 Contact with and suspected exposure to viral communitable disease
- ○ Other

SUBMITTER INFORMATION

SUBMITTER PHONE NUMBER - -

FAX NUMBER FOR REPORTING RESULT* - -

FAX REQUESTED
- ○ Yes ○ No

SUBMITTER'S NAME

STREET ADDRESS (Include apartment/suite number)

CITY

STATE

ZIP CODE

CONTACT PERSON

PHYSICIAN NAME

*For minors or disabled adults, submitter must be parent or legal guardian.

1805 Riverway Dr. Suite A Pekin, IL 61554 • P: (866) 736-0002 • F: (469) 498-0223 • information@redituslabs.com

Revised 10/2020