



LABORATORY TEST REQUISITION FORM

516 N LARCHMONT BLVD LOS ANGELES CA 90004 1-800-799-7248
CLIA#: 05D22106322 LICENSE#: CLF348622 NPI#: 1609407725

IF THE INFORMATION BELOW IS INCOMPLETE OR INCORRECTLY FILLED OUT THERE MAY BE A DELAY IN THE PROCESSING OF SPECIMEN

PATIENT'S NAME (LAST)	(FIRST)
DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS	
CITY	STATE ZIP CODE
PHONE	EMAIL

DOCTOR'S NAME (LAST)	(FIRST)	UPIN#
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NO.	FAX NO.	
DIAGNOSIS:		
DOCTOR'S SIGNATURE If signature is not available, please attach doctor's prescription. _____		

PATIENT BILLING INFORMATION

CREDIT CARD CHECK CLIENT ACCOUNT

CARDHOLDER'S NAME _____
CREDIT CARD NO. _____
EXPIRATION DATE _____ CVC _____
CARDHOLDER'S SIGNATURE _____

SPECIMENS RECEIVED:	FOR LAB USE ONLY
<input type="checkbox"/> Nasopharyngeal (Nose) Swab	
<input type="checkbox"/> Oropharyngeal (Throat) Swab	
<input type="checkbox"/> SERUM/BLOOD	
COMMENTS _____	
DATE RECEIVED: _____ TIME RECEIVED: _____	

INSURANCE BILLING INFORMATION

ULTIMATE DX CORP (UDX) is a fee-for-service provider. UDX does not bill any insurance provider, including Medicare or Medicaid. I agree to pay the costs for the analysis requested. I understand the testing will be performed upon receipt of full payment.

Responsible Party's Name _____ Signature _____ Date _____

M140 UDX COVID-19 (SARS-CoV2) MOLECULAR ASSAY BY - PCR

A100 COVID-19 (SARS-CoV2) IgG ANTIBODY TEST

3016 SYMPTOMATIC RESPIRATORY PATHOGEN PROFILE

Influenza A, Influenza B, Flu A Typing, Human Respiratory Syncytial Virus
SARS-CoV2 a, SARS-CoV2 b (COVID -19)

CHECK ALL ICD-10 THAT APPLY
 Pneumonia J12.89 Viral Pneumonia B97.29 Acute Bronchitis J40,J20.8,B97.29 Exposure to COVID-19 Z20.828 Fever Z20.828

SIGNS & SYMPTOMS
 Coughing R05 Shortness of breath R06.02 Fever,unspecified R50.9