Clinic/Facility Name:

Account #:

Provider(s):



Laboratory Improvement Amendments



1 Industry Drive, Henderson, NC 27537 Phone: (252) 572-2795 Fax: (252) 572-4595 CLIA ID: 34D2141858

				COVID-19 R	EQUISITIO
Patien	t Demographics				
t Name:		First Name:		MI:	
e of Birth:			Social Security #:		Gender
lress:			City/State/Zipcode:		
ne #:			Email Address:		
Го:	Client Bill		Race:	Ethnicity:	
Test Se	election and Diagnos				
Fest Se		is Code Selection 0-19 SARS-COV-2 by RT-F	PCR U0003		
Fest Se		9-19 SARS-COV-2 by RT-F	PCR U0003 OVID-19 DX CODES		
「est Se		9-19 SARS-COV-2 by RT-F		Z20.828 Contact with and (su exposure to other vicommunicable disease)	iral

