



**Please fill out all the highlighted fields. Failure to do so may result in delayed testing and delivery of results.**

### PATIENT INFORMATION

Sema4 will use this information to contact the patient via automatic email, SMS, and/or phone regarding payment, testing status, and online results access. By submitting this requisition, I confirm that I have obtained the patient's authorization to be contacted by Sema4 by these means (email address must be specific to patient listed on form).

PATIENT EMAIL ADDRESS <b>RECOMMENDED</b>	PATIENT MOBILE/PRIMARY NUMBER <b>REQUIRED</b>	
LAST NAME <b>REQUIRED</b>	FIRST NAME <b>REQUIRED</b>	MI
DATE OF BIRTH MM / DD / YYYY	BIOLOGICAL GENDER <input type="checkbox"/> M <input type="checkbox"/> F <b>REQUIRED</b>	ETHNICITY
PATIENT/CLIENT MRN		
ADDRESS <b>REQUIRED</b>	CITY / STATE / ZIP <b>REQUIRED</b>	

### BILLING INFORMATION

Bill to:  Client/Institution  Insurance

POLICYHOLDER LAST NAME <b>REQUIRED</b>	POLICYHOLDER FIRST NAME <b>REQUIRED</b>	POLICYHOLDER DOB MM / DD / YYYY
INSURANCE CARRIER <b>REQUIRED</b>	INSURANCE ID <b>REQUIRED</b>	GROUP NO. <b>REQUIRED</b>
BILLING ADDRESS <b>REQUIRED</b>		
OTHER HEALTH COVERAGE (IDENTIFY)		

**ASSIGNMENT AND RELEASE:** I hereby authorize my insurance benefits be paid directly to the provider and I understand that I am financially responsible for uncovered services. I also authorize the release of any information required to process the claim. Billing inquiries, please call 800-298-6470, Option 3.

SIGNATURE \_\_\_\_\_ DATE MM / DD / YYYY

### ORDERING PROVIDER INFORMATION

NAME <b>REQUIRED</b>	NPI <b>REQUIRED</b>
ADDRESS <b>REQUIRED</b>	CLINIC / INSTITUTION <b>REQUIRED</b>
	TELEPHONE
	FAX

**MEDICAL PROVIDER SIGNATURE OF MEDICAL NECESSITY REQUIRED BELOW:** I certify the medical necessity of the laboratory test(s) requested and that the patient specified above and/or their legal guardian has been informed of the benefits, risks, and limitations of the test(s). I have answered this person's questions and obtained informed consent from the patient or their legal guardian for this testing, to the extent required by law.

SIGNATURE \_\_\_\_\_ DATE MM / DD / YYYY

### SPECIMEN INFORMATION

SPECIMEN TYPE:  Oropharyngeal Swab  Nasopharyngeal Swab (Recommended)  **REQUIRED**

DATE / TIME SPECIMEN DRAWN: MM / DD / YYYY \_\_\_\_\_ : \_\_\_\_\_ AM PM

Please preserve in at least 3 mL universal transport media as specified per manufacturer's inserts

Samples can be stored/transported at 2 to 8°C if delivered within 24 hours from time of collection. Alternatively, samples can be stored/transported at -25 to -15°C if delivered within 1 month from time of collection.

Specimen storage prior to delivery:  Refrigerated (2-8 °C)  Frozen (< -20 °C)

Specimen transport/delivery:  Cold (Ice pack)  Frozen (Dry Ice)

### INDICATIONS FOR TESTING

**ICD10 Dx CODE(S) (Required if indication is not specified above)**

<input type="checkbox"/> U07.1 COVID-19	<input type="checkbox"/> R05 Cough
<input type="checkbox"/> J12.89 Other viral pneumonia	<input type="checkbox"/> R06.02 Shortness of breath
<input type="checkbox"/> J20.8 Acute bronchitis due to other specified organisms	<input type="checkbox"/> R50.9 Fever unspecified
<input type="checkbox"/> J22 Unspecified acute lower respiratory infection	<input type="checkbox"/> Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out
<input type="checkbox"/> J40 Bronchitis, not specified as acute or chronic	<input type="checkbox"/> Z20.828 Contact with and (suspected) exposure to other viral communicable diseases
<input type="checkbox"/> J80 Acute respiratory distress syndrome	
<input type="checkbox"/> J98.8 Other specified respiratory disorders	

Other (please specify ICD10): \_\_\_\_\_

### LABORATORY TEST(S) ORDERED

**Test Selection (Required)**

**Please send a separate requisition for each patient sample.**

SARS-CoV-2 RT-PCR (COVID-19)

**Sample transport:**  
 Send via FedEx or courier for same day or overnight (morning) delivery to:  
 Sema4, 1 Commercial Street, Branford, CT 06405  
 Samples must arrive between 8am and 4pm ET Monday to Saturday