Place Label Here

Advanta Analytical Laboratories
10935 CR 159, Tyler, TX 75703
Lab Director: Shalini Muralidhar PhD., HCLD/TS(ABB)
www.aalabs.com

Phone: 903.805.9955
Fax: 903.839.2494
CLIA#: 45D2063134
CAP#: 8863194

advanta GENETICS
The Human Advantage

Coronavirus Disease (COVID-19) Virus Testing

PATIENT INFORMATION (or affix patient sticker)

Last Name	First Name		
DOB (MM/DD/YY)	Genetic Sex: ☐ Male ☐ Female ☐ Unknown		
Street Address			
City	State	Zip Code	Country
Phone #	Sample Collection Date		

ORDER PROVIDER

Provider Last Name	Provider First Name		
NPI (USA)	Provider Title (Md, Do, Gc)		
Provider Address			
City	State	Zip Code	Country
Provider Phone #	Fax Report To		

TESTS REQUESTED

Test Panel

☐ **Coronavirus Panel**
- ☐ SARS-2 coronavirus (COVID-19)
- ☐ SARS coronavirus (SARS)
- ☐ Human coronavirus (229E)
- ☐ Human coronavirus (HKUI)
- ☐ Human coronavirus (NL63)
- ☐ Human coronavirus (OC43)

ICD-10 CODES - Enter ICD-10 code(s) for all tests ordered

- ☐ Pneumonia (COVID-19)
  J12.89 Pneumonia, Other viral pneumonia
  B97.29 Pneumonia, Other coronavirus
- ☐ Acute Bronchitis (COVID-19)
  J20.8 Acute Bronchitis, Unspecified
  B97.29 Pneumonia, Other coronavirus
- ☐ Bronchitis (COVID-19)
  J40 Bronchitis, Unspecified
  B97.29 Pneumonia, Other coronavirus
- ☐ Lower Respiratory Infection (COVID-19)
  J22: Acute lower respiratory infection, Unspecified
  B97.29 Pneumonia, Other coronavirus
- ☐ Z03.818 Suspected exposure to COVID-19
- ☐ Z20.828 Known Exposure to COVID-19
- ☐ R05 Cough
- ☐ R06.02 Shortness of Breath
- ☐ R50.9 Fever, Unspecified
- ☐ J01.90 Acute Sinusitis, Unspecified
- ☐ J02.9 Acute Pharyngitis, Unspecified
- ☐ J06.9 Acute Upper Respiratory Infection, Unspecified
- ☐ J18.9 Pneumonia, Unspecified Organism
- ☐ J20.9 Acute Bronchitis, Unspecified
- ☐ J32.9 Chronic Sinusitis, Unspecified
- ☐ Other:

INSURANCE BILLING

☐ **Please provide a legible photocopy of the front & back of the insurance cards.**

By signing below (under "AUTHORIZATION"), the patient or insured authorizes AAL (CLIA: 45D2063134) and affiliated reference laboratories (CLIA: 23D0650582) to release medical information concerning the test to the assigned insurance company.

ICD-10 Valid Code		Referral/Prior Auth		Advanta Benefits ID #
Primary Insurance ID	Insurance Name	State	Group	Insurance Phone #
Insurance Plan	Name of Insured		Relation to Patient: ☐ Self ☐ Spouse ☐ Child	Date Of Birth (MM/DD/YYYY)
Secondary Insurance ID	Insurance Name	State	Group	Insurance Phone #
Insurance Plan	Name of Insured		Relation to Patient: ☐ Self ☐ Spouse ☐ Child	Date Of Birth (MM/DD/YYYY)

AUTHORIZATION

Patient Acknowledgment: I have read the Informed Consent document and I give permission to Advanta Analytical Laboratories (AAL) and affiliated reference laboratories (CLIA: 23D0650582) to perform genetic testing as described. I also give permission for my specimen and clinical information to be used in de-identified studies at AAL and for publication, if appropriate. My name or other personal identifying information will not be used in or linked to the results of any studies and publications. More information is available at www.aalabs.com.

Patient Signature	Date
▶	

Provider Acknowledgment: I attest that the patient has received and read the AAL Informed Consent document, or has had it read to him or her, and that I have fully informed the patient about the purpose, capabilities, and limitations of the ordered test. The patient has voluntarily given his or her full consent for the ordered test and a signed copy of this consent is available on file. Any AAL Informed Consent that the patient agrees to at a later date will supersede and replace this Informed Consent.

STATEMENT OF MEDICAL NECESSITY

By signing below, I, the ordering Medical Provider, confirm that testing is medically necessary and that test results may impact medical management for the patient.

Provider Signature	Date
▶	