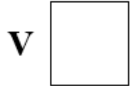
V 

Northwell Health Laboratories
450 Lakeville Road, Lake Success, NY 11042 | (516) 719-1100

Out-Patient - COVID-19 Serology Test Requisition Form

(Northwell Health Employees Use Employee Health Service for Testing)

PLACE LARGE LABORATORY LABEL BELOW AND COMPLETE ALL SECTIONS:

PATIENT INFORMATION	PATIENT UNIQUE IDENTIFIER			PREGNANCY STATUS (IF APPLICABLE) ☐ YES ☐ NO ☐ UNKNOWN ☐ NA		PHYSICIAN/OFFICE ACCOUNT #
	NAME, LAST (Please Print)	FIRST	M.I.			ORDERING PHYSICIAN NAME & NPI
	BIRTHDATE	AGE	M/F	DATE/TIME COLLECTED		PHONE # / E-MAIL
	RACE: (Check All That Apply) ☐ Black or African-American ☐ White ☐ American Indian or Alaska Native ☐ Asian ☐ Unknown ☐ Other ____________			ETHNICITY: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown		ADDRESS/SUITE
	STREET ADDRESS			PHONE #		
	CITY	STATE		ZIP	COUNTY	CITY / STATE / ZIP
	PATIENT OCCUPATION			EMPLOYER NAME		EMPLOYEED IN HEALTHCARE WITH DIRECT PATIENT CONTACT? ☐ YES ☐ NO
	EMPLOYER STREET ADDRESS			EMPLOYER PHONE #		IF YES PROVIDE TITLE
	EMPLOYER CITY	EMP.STATE		EMP. ZIP CODE	EMP. COUNTY	
BILLING	INSURANCE CARRIER NAME					ADDRESS
	INSURED NAME			PT RELATIONSHIP TO INSURED ☐ Self ☐ Spouse ☐ Dependent		INSURED ID #
	☐ MEDICARE #			☐ MEDICAID #		☐ SELF-PAY

REQUIREMENTS: Collect **One Gold Top** Tube **Filled** **ORDERABLES:** ☐ ***COVIDAGAB***

For Patients: Please Answer the Following:

1) Do you believe you were infected with COVID-19? (circle number)

   1 2 3 4 5 6 7 8 9

   No "COVID-Like Illness" Since Feb — Maybe, I had a Febrile/Other Illness — Yes, Definitely

2) If you believe you may have been infected with COVID-19, when did you first feel ill? **DATE:** ______________

3) Primary Symptoms:

   ☐ Asymptomatic ☐ Fever ☐ Fatigue ☐ Headache
   ☐ Respiratory ☐ Gastrointestinal ☐ Loss of Smell ☐ Loss/Change of Taste

4) Did you feel so ill that you went to the ER or were hospitalized? (circle)

   No or **ER** or **Urgicare** or **Hospitalized**

5) Were you tested for COVID-19 by PCR – i.e. by nasopharyngeal swab? (circle) **YES** or **NO**

   a. If YES, what was the result? **POS** or **NEG** or **Equivocal** **TEST DATE** (if not tested at Northwell):__________

6) Were you previously tested for Antibody / Serology? (circle) **YES** or **NO**

   a. If YES, what was the result? **POS** or **NEG** or **Equivocal** **TEST DATE** (if not tested at Northwell):__________

For Phlebotomist / Central Processing:

1. Please fully draw and label 1 gold-top tube	2. Please centrifuge & order in Cerner	3. Please send to CFAM Lab