



Pennsylvania Specialty Pathology
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 Lancaster, PA 17601
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 Fax - 717.393.7328

Patient Information	Physician Information
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Last	First	M	Collected Date:	Time:	AM/PM
SSN			Office site:		
Date of Birth		Sex (circle one)			
		M F			
Address					
City, State ZIP					
Phone					

- Serology for COVID-19 (IgM/IgG) •PLEASE ATTACH INSURANCE INFORMATION•

CLINICAL HISTORY (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Fever (R50.9)
<input type="checkbox"/> Cough (R05)
<input type="checkbox"/> Shortness of breath (R06.02)
<input type="checkbox"/> Upper respiratory symptoms
<input type="checkbox"/> Myalgia
<input type="checkbox"/> Other _____

<input type="checkbox"/> Healthcare Worker | <input type="checkbox"/> Asymptomatic
<input type="checkbox"/> Date of onset of symptoms:

<input type="checkbox"/> Known exposure to COVID-19
Date: _____
<input type="checkbox"/> Previous COVID-19 PCR test
Date: _____
<input type="radio"/> Positive
<input type="radio"/> Negative |
|--|---|

ICD-10 Codes (check all that apply)

- U07.1 (Confirmed diagnosis of COVID-19)
- Z20.828 (Contact with and suspected exposure to other viral communicable diseases)
- Z11.59 (Encounter for screening for other viral diseases)
- Other _____