



Pennsylvania Specialty Pathology
 2301 Harrisburg Pike, Suite 201
 Lancaster, PA 17601
 Phone - 717.393.7771
 Fax - 717.393.7328

Patient Information	Physician Information
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Last _____ First _____ M

SSN _____

Date of Birth _____ Sex (circle one)
 M F

Address _____

City, State ZIP _____

Phone _____

Collected Date: _____ Time: _____ AM/PM

Office site: _____

Ordering physician: _____

Copies to: _____

- SARS-COV-2 PCR (swab)**
- SARS-COV-2 IgM/IgG Serology (blood)**

PLEASE ATTACH INSURANCE INFORMATION

CLINICAL HISTORY (Check all that apply)

- | | |
|---|--|
| <ul style="list-style-type: none"> <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. (R09.89) <input type="checkbox"/> Myalgia (M79.1) <input type="checkbox"/> Other _____ <input type="checkbox"/> Date of onset of symptoms: _____ <input type="checkbox"/> Healthcare Worker | <ul style="list-style-type: none"> <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Screening for surgery <input type="checkbox"/> Known exposure to COVID-19
Date: _____ <input type="checkbox"/> Previous COVID-19 PCR / serology test (circle applicable test type)
Date: _____ <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative |
|---|--|

ICD-10 Codes (check all that apply)

- U07.1 (Confirmed diagnosis of COVID-19)
- Z11.52 (Encounter for screening for COVID-19)
- Z20.822 (Contact with and suspected exposure to COVID-19)
- Z86.16 (Personal history of COVID-19)
- Other _____