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PATIENT REQUISITION FORM

PATIENT INFORMATION

Last Name* _____ First Name* _____ MI _____

Gender*: ☐ M ☐ F ☐ Other Date of Birth*_____

Patient Address* _____

City, State, ZIP code* _____

Contact Information* (E-mail & Phone) _____

Race: ☐ Amer Ind/Alaskan ☐ White ☐ Black/Afr Amer
☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Other

PROVIDER INFORMATION

Facility/Group* _____ Referring Physician* _____

NPI Provider #: _____

Physician Address* _____

City, State, ZIP code* _____

Diagnostic Codes (ICD-10 codes*** see Page 2) _____

*Clinical Information** (date of onset/exposure, travel history, previous lab results – attach additional info.)*

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Other

Billing information: ☐ Self-Pay (see Page 2) ☐ Commercial Insurance (attach copy) ☐ Medicare (attach copy)

Check all that apply:

☐ SalivaDirect SARS-CoV-2 RT-PCR
☐ Nasopharyngeal SARS-CoV-2 RT-PCR
☐ SARS-CoV-2 Multi-Antigen IgG Antibody

SAMPLE HANDLING

Time Collected*:_____AM/PM Date Collected:* _____

Collected by*: _____

The following ***MUST*** be completed (check all that apply):
☐ Clinical Information
☐ Samples are collected and put into biohazard bag (labeled with patient information - First/Last, DOB). Please mail to testing Lab within 24 hours.

INFORMED CONSENT

I consent to the collection of specimens for the purpose of testing, and certify that the tests ordered have been explained to me by an authorized health care provider. I understand that only tests ordered by a qualified provider will be performed. This sample may be stored indefinitely and used for internal test validation after personal identifiers have been removed. I also authorize lab to bill my insurance provider and to receive payment of benefits for the tests ordered by my physician. I further authorize lab and the ordering physician to release testing data to state or local public health department.

Signature of Patient or Legal Guardian:
If Guardian, Please Print & Sign Name:
Date:

PROVIDER INFORMATION

I attest that the requested testing is medically necessary and appropriate based on the patient's diagnosis and treatment plan. I have personally completed the diagnosis codes above to indicate the accurate diagnosis for this patient.

Authorized Provider Signature:

Date:

Payment Information - Private Pay Only

Payment is due at the time of the testing. Advaite will provide the receipt with the test information to submit for insurance reimbursement

Information (Patient) #*: Patient Paying For Test Out-Of-Pocket, Please Complete The Required Below	**Payment Type*:** ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover ☐ Cash
Card Number*:	**Card Security Code*:**
Expiration Date*:	**Cardholder Signature*:**

CREDIT CARD: Client Authorizes, ADVAITE INC., to charge any and all amounts payable to ADVAITE INC. by Client. By providing the above Credit Card. Client acknowledges the information provided is most accurate and Client shall authorize ADVAITE INC. to charge Client's preferred Payment choice for the type of test Client had ADVAITE INC. perform. Client shall be responsible for all amounts, including any late or any other fees, that may be charged in addition to the cost of the test being performed If ADVAITE INC. does not receive payment from Client's Credit Card. Client agrees to be held responsible and pay all amounts due to ADVAITE INC. promptly.

Current Symptoms That You May Have Now or Within The Past 14 Days (check all that apply):**

☐ Fever or Chills ☐ Cough ☐ Shortness of Breath ☐ Fatigue ☐ Muscle or Body Aches
☐ Loss of Taste ☐ Loss of Smell ☐ None Of The Above

Test information:

SalivaDirect™ is a real-time reverse transcription polymerase chain reaction (RT-PCR) test intended for the qualitative detection of nucleic acid from SARSCoV-2 in saliva collected without preservatives in a sterile container from individuals suspected of COVID-19 by their healthcare provider. Testing is limited to laboratories designated by the Yale School of Public Health, Department of Epidemiology of Microbial Diseases, that includes the Clinical Molecular Diagnostics Laboratory, Department of Pathology, Yale School of Medicine, located at 310 Cedar St., New Haven, CT 06510, that are also certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a and meet the requirements to perform high complexity tests. Advaite Inc is a designated laboratory by Yale School of Public Health for Saliva-Direct™ testing.

The NxTAG® CoV Extended Panel, for use on Luminex's MAGPIX® instrument, is a RT-PCR test intended for the qualitative detection of nucleic acid from SARS-CoV-2 in nasopharyngeal swab specimens from individuals suspected of COVID-19 by their healthcare provider. The NxTAG® CoV Extended Panel is for use only under Emergency Use Authorization (EUA) in US laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, to perform high-complexity tests.

The xMAP® SARS-CoV-2 Multi-Antigen IgG Assay is a multiplex, microsphere-based assay intended for qualitative detection of IgG antibodies to SARS-CoV-2 in human serum and plasma (dipotassium EDTA). The xMAP® SARS-CoV-2 Multi-Antigen IgG Assay is intended for use as an aid in identifying individuals with an adaptive immune response to SARS-CoV-2, indicating recent or prior infection. At this time, it is unknown for how long antibodies persist following infection and if the presence of antibodies confers protective immunity. Testing is limited to laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, that meet requirements to perform high complexity tests.

*** ICD10 Codes (This list is intended to assist ordering physicians in providing ICD-10 Diagnosis Codes as required by Medicare and other Insurers. The ultimate responsibility for correct coding belongs to the ordering physician):
SARS-CoV-2:

U07.1 COVID-19
Z20.828 Contact with and (suspected) exposure to other viral communicable diseases.