



## PNEUMONIA PANEL REQUEST FORM

### PATIENT INFORMATION

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH

GENDER ☐ MALE ☐ FEMALE

PREFERRED CONTACT PHONE NUMBER

### PATIENT INSURANCE INFORMATION - PLEASE ATTACH INSURANCE CARD COPY

PRIMARY INSURANCE CARRIER

PRIMARY INSURANCE POLICY/ID NO.

PRIMARY INSURANCE GROUP NO.

SECONDARY INSURANCE NAME (if any)

SECONDARY INSURANCE POLICY/ID NO.

SECONDARY INSURANCE GROUP NO.

#### TEST OPTIONS:

☐ LOWER RESPIRATORY

#### ICD-10 CODE(S):

R05.3 Chronic Cough

R06.02 Wheezing

R50.9 Fever, unspecified

J12.9 Viral Pneumonia, unspecified

J20.9 Acute Bronchitis, unspecified

☐ J449 COPD

☐ E11.43 Type 2 Diabetes mellitus with diabetic autonomic (poly) neuropathy

☐ D70.9 Neutropenia, unspecified

☐

### PRACTICE/CLINIC INFORMATION

PRACTICE/CLINIC NAME

PRACTICE/CLINIC PHONE #

PRACTICE/CLINIC ADDRESS

CLINICIAN SIGNATURE

**ORDERING CLINICIAN ACKNOWLEDGEMENT:** I acknowledge that the tests ordered are medically necessary, and if ordered for the purpose of screening or the likelihood of payment denial has been explained to the patient, prior to obtaining the laboratory specimen, who has signed the Advanced Beneficiary Notice and agreed to be financially responsible for payment of denied tests.

### PATIENT CONSENT

**INFORMED CONSENT OF TEST INFORMATION:** I consent to having the aforementioned analysis performed and the results of the analysis made available to my physician. This signed test request form authorizes Genex Laboratories to perform the test and disclose the results to my medical practitioner. No tests other than those requested above will be performed. I authorize Genex Laboratories to retain this specimen for future testing as requested.

PATIENT NAME (Please Print)

PATIENT SIGNATURE

DATE

### COLLECTION INFORMATION

DATE COLLECTED:

TIME COLLECTED (AM/PM)

COLLECTED BY (NAME & SIGNATURE)

DIAMED LABORATORY SERVICES

8162 Van Nuys Blvd,

Panorama City, CA 91402

T (818)510-3734

F (818)510-3747

FOR LAB USE ONLY →

RECEIVED IN LAB

DATE

TIME

INITIAL