

MEDICAL DIAGNOSTIC LABORATORIES, L.L.C.
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A MEMBER OF GENESIS BIOTECHNOLOGY GROUP

Coronavirus SARS-CoV-2 [COVID-19] Test Requisition Form

Ordering Physician/Laboratory			LETTER CHECKET HE CONTROL	Specimen Information	
(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.) #29884 - Monmouth County Sheriffs Office 50 East Main Street Freehold, NJ 07728			Date Collected (Required):	Specimen Source: Nasophar	yngeal Swab
			Test Selection Nasopharyngeal swab <u>OR</u> Oropharyngeal swab in COVID- <i>OneSwab</i> <u>OR</u> <i>NasoSwab</i> (adult swab ONLY, may be self-collected on-site) Specimens should be refrigerated before shipping to MDL. Test 1131, if not checked below, will be performed and billed.		
Physician's Signature: Date:		Date:			
Patient Information	n (Please Print)				
Name (Last, First) (Required):					
Patient Address:					
City:	State:	Zip:			er .
Gender (Required): Date of Birth (Required): Male			389		
Phone Number:					×
Billing Information (Please include a Path Lab/Hospital	copy of the front &	back of card.)	,		
£ Approval has been granted by the New Jersey State Department of Health to perform the SARS-CoV-2 (COVID-19) by Real-Time Reverse Transcription PCR (CDC N1, N2, RP Targets) in accordance with Food and Drug Administration (FDA) emergency use authorization (EUA) policy. This test has not been FDA cleared or approved. This test has been submitted for authorization by the FDA under an EUA for use by authorized laboratories. "This test can only be performed when the test in parenthesis is positive. All tests performed will be billed. "One Swab" and Naso Swab" are registered in the USPTO. Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment					
of a patient. MDL offers individual tests, as well as a limited panel, please make certain that each and every test is med MDL understands that the physician has determined that all perform, report and bill for all such component tests. Other Tests/Panels:	l number of customized part ically necessary. If you chec	els. If you choose to order a ok off a panel as your choice			
Additional Sources:					
Oropharyngeal NasoSwab (midterbinate)					