MOLECULAR DIAGNOSTICS LABORATORY UT Health San Antonio



Dept. of Pathology & Lab Medicine Room 344B, Medical School Bldg.

Room 344B, Medical School Bldg 7703 Floyd Curl Drive San Antonio, TX 78229-39000

Principal Investigator

STRLClientServices@uthscsa.edu (210) 567-6599 (210) 450-2243 (Fax) Place patient hospital/clinic sticker here.

https://lsom.uthscsa.edu/pathology/reference-labs/molecular-diagnostics-laboratory/

Patient Name:			DOB	:	Sex:	Eth	nnicity:	
First	(Middle Init	ial) Last						
Patient Phone:		Patier	nt Address:					
				Street	City	State	Zip	
Ordering Facility:			Address:					
Ordering Facility Dhen				Street	City	State	Zip	
Ordering Facility Phor	ie.			Collection Da	te & Time:			
Patient ID#:		Speci	men #:		Epic MRN:			
Requesting Provider (required):			Phone:		Fax:		
	Fire	st (Middle Initial)	Last					
Provider Address:				Provider Email:				
Diagnosis Code (check all that apply)				Cough (R05)				
Suspected exposure to COVID-19 (Z20.828)				Shortness of breath (R06.02)				
Screening for COVID-19 (Z11.59)				Fever (F	Fever (R50.9)			
Required Question	ons (answer a	all with Y/N/U)						
Is this the patient's first COVID-19 test? (yes/no/unknown)				Is the patient hospitalized? (yes/no/unknown)				
Is the patient employed in healthcare? (yes/no/unknown)				Is the patient in the ICU? (yes/no/unknown)				
Is the patient symptomatic? (yes/no/unknown)				Is the patient a resident in a congregate care setting?				
If symptomatic, date of symptom onset?				Is the patient pregnant? (yes/no/unknown)				
Tests Requested (ch	neck all that a	www.						_
COVID-19 (SARS-Co			aryngeal	Other				
Note: Specimens will not	be processed	without billing in	formation					
Bill Facility:								
	Facility Name			Address			Patient ID#	
DIII Dell'est								
Bill Patient:								
	Guarantor Name			Address			Phone	
Bill Insurance:								
	Insurance Compa	any Name		Insurance Compan	y Address			
Name of Insured	Policy#			Group#				
Patient Address		Telephone #			Date of Birth			
Bill Research Account:					Date of Diffil			
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Account #