



# COVID-19 / SARS CoV-2

## Test Request Form

Client Information	<input type="checkbox"/> Rush	<input type="checkbox"/> Fax
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Patient Information		
Last Name		
First Name		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Race	Date of Birth	
Street (Residence)		
City	State	Zip
Telephone ( )		
Email		
<b>Specimen Date</b> (Required by State and Federal Law)		
<input type="checkbox"/> I authorize Immco Diagnostics to obtain a swab and/or blood sample as required for the ordered tests for the purpose of determining laboratory results.		
Credit Card #		
Print Name on Card		
Exp Date	Security Code	
I accept responsibility for bills related to the testing of my specimen:		
Patient Signature		

Requesting Doctor		
Last Name		
First Name		
<b>NPI#*</b>		
Practice/Facility Name		
Street		
City	State	Zip
Telephone ( )	Fax ( )	
Email		
<b>Physician Signature</b> *Required by CMS		

Company/Institution (required for New York state reporting)		
Employer Name		
Occupation		
Street		
City	State	Zip
Employer Telephone ( )		Ext

Billing Information		
Caution: Provide complete insurance information or send photocopy of patient's insurance card. Failure to do so will result in direct patient billing.		
<b>Send bill to:</b>	<input type="checkbox"/> Patient	<input type="checkbox"/> Insurance
	<input type="checkbox"/> Doctor	<input type="checkbox"/> Lab
Medicare	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ID #		
Insurance Name		
Street		
City	State	Zip
Telephone ( )		
Insurance #		
Group #		
Subscriber Name		
Subscriber DOB		
<b>ICD-10 Codes</b>		

**Patient and Company information must be filled out in its entirety to obtain results. Additional information on back of this form.**

<b>For specimen collection kits, please call 1.800.537.TEST or indicate kits required below:</b>
<input type="checkbox"/> # _____ Serum Specimen Collection Kits

## Specimen

For **serum testing**, collect 5-10ml of blood in a red top or serum separator tube. If possible, separate the serum from clot and place serum in tube provided. Do not puncture top of tube. If separation facilities are not available, the blood can be sent in the collection tube.

For **Molecular PCR** test only, please collect a nasopharyngeal swab sample. Room temperature swabs can be sent if received within 24 hours of collection. Refrigerated specimens can be used if received for testing within 72 hours of collection.

## Tests

### 291 COVID-19 Related Autoimmune/Vasculitis Panel

This panel will help you diagnose patients with manifestations of autoimmune diseases after contracting COVID-19. Identifying autoimmune manifestations such as Kawasaki-like vasculitis can aid in the prevention of adverse thrombotic events. This comprehensive panel includes:

ANA	Cardiolipin antibody IgG	Jo-1
dsDNA	Cardiolipin antibody IgA	U1 Sn RNP 68
ANCA	Cardiolipin antibody IgM	U1 Sn RNP A
SSA/Ro	Circulating Immune Complexes (CIC)	U1 Sn RNP C
SSA/La	PM/Scl-100	Mi-2
SM	PM/Scl-75	Ku
SRP 54		

### 290 COVID-19 Antibody test (ELISA)

For testing of previous infection and the presence of SARS CoV-2 antibodies. Please supply serum.

### 292 COVID-19 / SARS CoV-2 molecular PCR test

For testing for active infection. Please supply nasopharyngeal swab for this test.

## Ship to Immco Diagnostics

### Pack Specimen Collection Kit following these simple steps:

1. Place tube(s) into specimen collection bag.
2. Place test requisition and a copy of the patient's medical insurance information and any other pertinent paperwork into the outside pocket of specimen bag.
3. Fold and roll specimen bag and contents into white mailer box and place in Orange FedEx Clinical Pak.
4. Place Pre-paid FedEx return airbill on outside of Clinical Pak and call FedEx for a pick up at 1-800-463-3339.

**Overnight Courier Service:** Ship specimen free of charge using FedEx® Priority Overnight Service. Please follow instructions contained in the Specimen Collection Kit. Pack Specimen Collection Kit, together with completed Test Request Form, into shipping box and send to:

**Immco Diagnostics, Inc.  
10 Earhart Drive, Suite 100  
Williamsville, NY 14221**

**Questions?** Call 1.800.537.TEST for Immco Customer Service or visit us online at [immco.com](http://immco.com).

[www.immco.com](http://www.immco.com)



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