

**LINCOLN DIAGNOSTICS**

ACCURACY  
INTEGRITY  
ADVANCED TECHNOLOGY

**RESPIRATORY PATHOGEN PANEL REQUISITION FORM**

**PHYSICIAN'S INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PATIENT'S INFORMATION**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_  
M.I. \_\_\_\_\_ Gender  F  M DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Pt. ID \_\_\_\_\_

**SPECIMEN COLLECTION**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_  am  pm  
Sample Type:  UTM Swab

**BILLING INFORMATION**

Insurance Co. Name: \_\_\_\_\_ Subscriber Member # \_\_\_\_\_ Group # \_\_\_\_\_  
Insurance Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Bill Patient  Bill Client  Bill Insurance

**PLEASE SELECT THE COMPLETE PANEL OR INDIVIDUAL ORGANISMS FOR TESTING**

<input type="checkbox"/> <b>RESPIRATORY PATHOGEN PANEL</b>  TEST CODE: <b>RPP</b>	<b>ORGANISMS:</b>		
	<input type="checkbox"/> ADENOVIRUS B/E	<input type="checkbox"/> INFLUENZA A SUBTYPE 2009	<input type="checkbox"/> CORONAVIRUS 228E
	<input type="checkbox"/> ADENOVIRUS C	<input type="checkbox"/> MYCOPLASMA PNEUMONIA	<input type="checkbox"/> CORONAVIRUS OC43
	<input type="checkbox"/> CHLAMYDOPHILA PNEUMONIA	<input type="checkbox"/> RESP. SYNCYTIAL VIRUS A	<input type="checkbox"/> CORONAVIRUS NL63
	<input type="checkbox"/> INFLUENZA A	<input type="checkbox"/> RESP. SYNCYTIAL VIRUS B	<input type="checkbox"/> CORONAVIRUS HKU1
	<input type="checkbox"/> INFLUENZA A SUBTYPE H1	<input type="checkbox"/> PARAINFLUENZA (PIV) 1	<input type="checkbox"/> RHINOVIRUS/ ENTEROVIRUS
	<input type="checkbox"/> INFLUENZA A SUBTYPE H3	<input type="checkbox"/> PARAINFLUENZA (PIV) 2	<input type="checkbox"/> HUMAN METAPHEUMOVIRUS
	<input type="checkbox"/> INFLUENZA B	<input type="checkbox"/> PARAINFLUENZA (PIV) 3	<input type="checkbox"/> HUMAN BOCAVIRUS

**ICD-10 CODES**

<input type="checkbox"/> B97.4	Respiratory Suncytial Virus as the cause of diseases Classified Elsewhere	<input type="checkbox"/> J31.0	Chronic Rhinitis
<input type="checkbox"/> J00	Acute Nasopharyngitis	<input type="checkbox"/> J32.9	Chronic Sinusitis, Unspecified
<input type="checkbox"/> J01.90	Acute Sinusitis, Unspecified	<input type="checkbox"/> R06.02	Shortness of breath
<input type="checkbox"/> J02.9	Acute Pharyngitis, Unspecified	<input type="checkbox"/> R09.1	Pleurisy
<input type="checkbox"/> J03.90	Acute Tonsillitis, Unspecified		
<input type="checkbox"/> J06.9	Acute Upper Respiratory Infection, Unspecified		
<input type="checkbox"/> J18.9	Pneumonia, Unspecified Organism		
<input type="checkbox"/> J20.9	Acute Bronchitis		