



# RPP TEST REQUEST FORM

CLIA REQUIRES DATE **and** TIME

817-882-6900  
www.cquentia.com

Date: / / Time of collection : Source: Nasopharyngeal Swab

FILL IN ALL INFORMATION COMPLETELY or ATTACH PATIENT'S FACE-SHEET (MUST HAVE ALL INFO).

When providing required information to ensure proper processing. Secondary insurance information; or attach copies of patient insurance cards (front and back) in a face sheet appended to this form.

FIRST NAME MIDDLE INITIAL DATE OF BIRTH  
STREET ADDRESS CITY STATE ZIP CODE

PREFERRED CONTACT PHONE NO. THIS IS A  
 Home  Mobile  Work

ATTACH PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD(S). SELF-PAY **MUST** HAVE PHONE NUMBER AND EMAIL FOR PAYPAL INVOICE.

### PATIENT INSURANCE INFORMATION (required)

Please include a photocopy of insurance card(s) (both sides). \*Self Pay please provide patient email address and phone number for PayPal Invoice.

#### PLEASE SELECT A BILLING OPTION & COMPLETE THE INFORMATION BELOW:

Medicare  Medicaid  Insurance  Self Pay

PRIMARY INSURANCE CARRIER PRIMARY INSURANCE POLICY/ID NO. PRIMARY INSURANCE GROUP NO.

PATIENT RELATIONSHIP TO INSURED

Self  Spouse  Dependent  Other

SECONDARY INSURANCE CARRIER SECONDARY INSURANCE POLICY/ID NO. SECONDARY INSURANCE GROUP NO.

\*  Cash Pay  Patient Phone No.:  Patient Email:

### PANEL OPTION and ICD-10 CODES (required)

RPP { R06.02 Shortness of breath Alternate ICD-10  
R05 Cough  
R09.3 Abnormal sputum  
(If you require alternate ICD-10 Codes, please refer to the reverse side)

### REASON FOR ORDERING TESTS / COMMENTS

Screening for pathogen exposure  
 Current symptoms:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FOR LAB USE ONLY:

LIST PRACTICE/CLINIC INFORMATION AS IT IS LISTED ON THE ORIGINAL ACCOUNT SET-UP FORM.

### PRACTICE/CLINIC INFORMATION (required)

PRACTICE/CLINIC NAME PHYSICIAN NPI NUMBER

PRACTICE/CLINIC ADDRESS

PHONE NO. EMAIL ADDRESS

### PHYSICIAN AUTHORIZATION (required)

ICD-10 CODES ARE ON BACK. PRINT PHYSICIAN'S NAME CLEARLY. MUST HAVE PHYSICIAN'S SIGNATURE.

PHYSICIAN SIGNATURE

### PATIENT CONSENT

REIMBURSEMENT: CQuentia Labs (CQ) will make every reasonable effort to obtain reimbursement from Medicare and/or any insurance carrier providing medical benefits to me and any health plan to which I am a member any other information necessary for claims purposes. I hereby authorize payment of medical insurance benefits to the party who bills for these claims and accepts assignment of benefits. I understand that if my insurance company pays me directly for the services provided by CQ that I am responsible for forwarding such payment to CQ. I understand that I am responsible for any outstanding balances, deductible/co-payments as required by my plan. INFORMED CONSENT OF GENETIC INFORMATION: I consent to having genetic analysis performed and the results of the analysis made available to my physician (where requested). This signed test request form authorizes CQ to perform the test and disclose the results to my medical practitioner (where requested). No tests other than those requested above will be performed on this specimen for future testing as requested.

MUST HAVE PATIENT READ AND SIGN THAT THEY APPROVE OF THE INFORMATION INDICATED ON THE FORM. DO NOT FILL OUT FORM WITHOUT PATIENT PRESENT OR AFTER PATIENT HAS SIGNED. MUST HAVE COLLECTION DATE.

PATIENT NAME ATTACH BARCODE FROM KIT. PATIENT SIGNATURE

MUST HAVE COLLECTOR'S NAME.

NOTE: For the convenience of the ordering physicians, the below ICD-10 codes are listed. Physicians are not required to use these codes but should report the diagnostic codes that best describes the reason for performing the test.

**RPP DIAGNOSIS ICD-10 CODES**

SECTION	MARK (✓)	ICD-10	DESCRIPTION
		R06.9	Abnormalities of breathing, unspec.
		R06.02	Shortness of breath
		R06.2	Wheezing
		R06.00	Dyspnea, unspec.
		R06.09	Other forms of dyspnea
		R06.3	Periodic breathing
		R06.83	Snoring
		R06.89	Other abnormalities of breathing
		R06.1	Stridor
		R05	Cough
		R09.3	Abnormal sputum
		R07.9	Chest pain, unspec.
		R07.2	Precordial pain
		R07.1	Chest pain
		R07.81	Pleurodynia
		R07.89	Other chest pain
		R07.82	Intercostal pain
		R09.89	Other specified symptoms involving the circulatory & respiratory system
		R06.6	Hiccough
		R50.83	Postvaccination fever
		R50.9	Fever, unspec.
		R53.82	Chronic, fatigue, unspec.
		R53.83	Other fatigue
		R68.83	Chills (without fever)