PATHOLOGY CONSULTANTS OF NEW MEXICO

FOCUSED ON PRECISION

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COVID-19 TEST FORM

PATIENT/CASE INFORMATION

Patient | DOB | ☐ MALE ☐ FEMALE

Clinician | Collection Date

Procedure Performed at *(please provide facility name)*

CARE STATUS—MUST CHECK APPLICABLE

- ☐ Patient is Hospitalized
  - ☐ ICU ☐ Inpatient
- ☐ Patient is Pending Surgery
- ☐ Patient is Symptomatic
- ☐ Patient is Asymptomatic

COLLECTION SOURCE

- ☐ Nasal Swab
- ☐ Oropharyngeal (OP)

INSURANCE INFORMATION

☐ Medicare ☐ Medicaid ☐ Patient Pay

☐ Other

Please attach current insurance card (front and back) or facesheet with additional insurance information

ICD-10 CODING

- ☐ Z11.59, encounter for screening for other viral diseases
- ☐ Z03.818, suspected exposure to COVID-19
- ☐ Z20.828, exposure to confirmed case of COVID-19
- ☐ R05, cough
- ☐ R06.02, shortness of breath
- ☐ R50.9, fever - unspecified

ADDITIONAL HISTORY (IF APPLICABLE)