

LABORATORY Phone: 413-582-2161

PATIENT NAME:		DATE TO BE DONE	WRITTEN BY:
(LAST)	(FIRST)	MED REC #	DATE/TIME COLLECTED: BY:
ADDRESS:		<input type="checkbox"/> STANDING ORDER	RESPONSIBLE PARTY: RELATIONSHIP TO PATIENT: SELF DEPAENDENT SPOUSE
		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
PHONE:	BIRTHDATE MONTH DAY YR	INSURANCE COMPANY NAME / ADDRESS:	
INSURANCE TYPE	INSURANCE NO.	INSURED'S EMPLOYER	GROUP #
ORDERING PHYSICIAN	PCP	SEND COPY TO:	
DIAGNOSIS / REASON FOR THE TEST(S) ICD9 CODES PREFERRED (SEE REVERSE)			

COVID-19 PCR Order

Symptomatic Patients: Please specify symptoms Date of symptom onset: _____

- Fever Cough Mild Shortness of Breath Sore Throat Muscle Aches
 Runny Nose / Nasal Congestion Loss of Smell/Taste Other Atypical Symptoms concerning for COVID-19

Asymptomatic Patients: Please specify approved indication

- Prior indeterminate/inconclusive COVID-19 result
- Patient with positive results who requires testing for resolution of infection status per Partners Policy
- Planned admission to / approved procedure at Partners facility
- Planned admission to psychiatric or residential program
- Requires testing for congregate setting or Department of Children and Families (DCF) placement
- Patients admitted to Partners HealthCare at Home or any Partners Hospice Facility from a congregate setting
- Approved Partners COVID-19 Research Pathway
- Patient exposure**, within the last 14 days, with a confirmed COVID-19 positive person
- Approved by Cooley Dickinson Health Care Infection Control

**** Definition of Exposure:**

- Exposure is defined as ≥10 cumulative minutes of face-to-face contact, within 6 feet with a confirmed or presumed case of COVID-19 (in EPIC, COVID-19 or CoV- Presumed) starting from 2 calendar days prior to symptom onset or, in setting of asymptomatic infection, starting 2 calendar days prior to test collection. Public health authorities may also identify exposures outside of the workplace.

PHYSICIAN SIGNATURE: _____

PRINT NAME: _____

***OFFICE WILL BE CONTACTED IF DIAGNOSIS FAILS MEDICAL NECESSITY STANDARDS.**

CDH 671-18 Rev. 6/1/20

White: Lab

Yellow: Physician