



Final test reports cannot be issued if required information (*) is missing

Patient Information

Patient Name* (Last) (First)		Date Of Birth*
Referring Facility MRN	Sex* <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-Conforming	Patient's Phone Number*
Patient Address	City	State Zip Code
Race	Native Hawaiian / Pacific Islander	
American Indian / Alaska Native	White	Other
Asian	Ethnicity	
Black or African American	Hispanic	Non-Hispanic

For Lab Use Only

Insurance Info: Attach a copy of front & back of Insurance card or facesheet.*

BILL TO: Outpatient
 PPO HMO Client Medicare Inpatient

Requesting Physician

Physician Name*
 Physician NPI #: _____ Submitter ID: _____
 M.D. Phone No* _____ Fax No _____

ICD10 CODE (REQUIRED FOR INSURANCE BILLING)

Requesting Facility

Facility Name & Address*

Phone No * _____ Fax No. _____

COPIES TO: _____ Email Address: _____

TESTING & SAMPLE INFORMATION:

<input type="checkbox"/> COVID-19 Molecular PCR Test (SARS-CoV-2 NAA) COVID-19/FLUA/FLUB Molecular PCR Test (FLUA/FLUB/COVID-19 NAA) SOURCE & TYPE: <input type="checkbox"/> Nasopharyngeal / Nasal Swab <input type="checkbox"/> Saliva (SARS-CoV-2 NAA ONLY)	<input type="checkbox"/> Respiratory Pathogen ID/AMR Panel (RPIP) Next-Generation Sequencing- COVID-19 Strain-typing only SOURCE & TYPE: Nasopharyngeal Swab Bronchoalveolar Lavage (BAL) Sputum Tracheal aspirate
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Sample Collection Date*	Time*	Sample Collection Date*	Time*
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PCR SAMPLE COLLECTION & HANDLING GUIDELINES

- Use flocked swabs
- Other swabs are acceptable* EXCEPTIONS: Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing
- Place swab immediately into tube containing 2-3 ml of viral transport media (preferred), or universal transport media.
- SDNA1000- Saliva Collection Device

SEQUENCING SAMPLE COLLECTION & HANDLING GUIDELINES

- Place swab immediately into tube containing 2-3 ml of viral transport media (preferred), or universal transport media.
- Transfer 2 mL BAL, sputum, or tracheal aspirate to a sterile, leak-proof container. (Minimum volume: 1 mL)
- Place each specimen in an individually sealed bag.
- Keep samples at 4°C for up to 24 hours.

SPECIMEN DELIVERY

Athena Esoterix
1247 Riverfront Parkway Suite 212
Chattanooga, TN 37402

SPECIMENS ACCEPTED 7:30am - 4:00 pm M-F, 8:00 am-12:00 pm Saturday