



Childress Nursing Services, LLC dba CNS Testing

MTS#: MTSW.FS.61060050 CLIA#: 50D2181598

Your One-Stop Shop for Rapid Mobile Lab Testing and Health Screening!

P.O. Box 2031, Renton, WA 98056 P: (206) 310-5101 F: (206) 299-4181

CNS Testing – Lab Requisition Form

CLIENT INFORMATION

Patient's Name: _____ Patient's DOB: _____ Patient's Age: _____
Patient's ID#: _____ Patient's Sex (at birth): Male Female Patient's Daytime Phone: _____
Patient's Address: _____

ORDERING PROVIDER

Name of Ordering Provider: _____ Ordering Provider's NPI#: _____ Phone: _____
Clinic/Office Address: _____

CLIENT BILLING

Patient Billing (choose 1): Patient direct: self-pay Insurance Billing Clinic Account Other: _____

Lab Reason and/or Testing Frequency (choose 1 or more):

- Pre-admissions Covid-19 testing for CNS home health care agency
- Standing Order: Every 7-day follow-up Covid-19 testing starting from pre-admissions testing to end of client care period for CNS home health care agency continual care
- Pre-admissions Covid-19 testing for fertility clinic General - pre-admissions Covid-19 testing for healthcare facility
- General - to rule out suspected Covid-19 infection General - to rule out suspected Influenza A/B infection
- General - pre-surgery Covid-19 diagnostic testing Employer/workplace Covid-19 testing requirement
- Other: _____

Billing Codes: Please provide all diagnosis codes applicable for tests medically necessary for the diagnosis and treatment of the patient.

- Z11.59 - Asymptomatic testing without a known exposure Z01.818 – Encounter for other preprocedural examination
- Z20.828 - Contact with and (suspected) exposure to other viral communicable diseases
- O98.519 - Other viral diseases complicating pregnancy, unspecified trimester.
- R50.9 - Fever, unspecified R06.02 - Shortness of breath R05 – Cough Other: _____

LAB TEST SELECTION

(All specimen collections and tests are performed by CNS nursing staff. All tests used by CNS Testing have been FDA Approved or received FDA EUA. All tests are accompanied by a clinically-appropriate, non-invasive nurse health screening.)

Test Selection (select 1 or more):

- Covid-19/SARS-CoV-2 Rapid Antigen test (diagnostic)
- Covid-19/SARS-CoV-2 Rapid Antibody test (non-diagnostic)
- Influenza A and B Rapid test (diagnostic)

LAB RESULTS

(CNS Testing will inform client and report lab results to DOH, unless otherwise indicated. Client will receive same-day/same-visit results in as little as 20 minutes.)

Send Lab Results To: Ordering Provider Clinic Hospital Employer Other: _____

Would you also like to receive a copy of client's health screening results?

- Yes Yes, only if exhibiting Covid-19 signs or symptoms Yes, only for positive test results No Other: _____

Please choose how you would like to receive client's lab results and/or health screening results:

- Fax: _____ Phone: _____ Email: _____ Other: _____

I authorize Childress Nursing Services to perform the requested lab testing and appropriate health screening for the above-mentioned patient in his/her place of residence.

Ordering Provider's Signature: _____ Date of Signature: _____