



# TEST REQUISITION FORM

4309 W 27<sup>th</sup> Place, Suite 201  
 Kennewick, WA 99338  
 509-943-2174 (Office) | 509-940-0285 (Fax)  
 www.tomorrowshealth.net

*Patient ID/Accession Number*

**FOR LABORATORY USE ONLY:**

Specimen Received: <input type="checkbox"/> NP Swab <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Whole Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other Source _____ Collection Fee: <input type="checkbox"/> \$10    Saliva Specimen Fee: <input type="checkbox"/> \$5	Date Received: _____ Time ____:____ am/pm By: _____ Date Collected: _____ Time ____:____ am/pm By: _____
--	---

**1) PATIENT INFORMATION:**

Patient Name: Last Name	First Name	Middle Initial	
Address: Street	City	State	Zip
Date of Birth:	Sex:	Cell Phone #:	
Race:	Ethnicity:	Patient Signature _____	

**2) BILLING INFORMATION:**

<input type="checkbox"/> Insurance Billing: Insurance Company Name: Insurance Company Address: Group Number:                      Member ID: Patient relation to policy holder: Policy holder name (as listed):                      D.O.B.	<input type="checkbox"/> Self-Pay (Due at time of service): Cash or Card *I acknowledge that insurance may not reimburse the cost of testing.    Patient Initials _____ <input type="checkbox"/> Client Bill: Client Name Client Contact Number:
--	--

**3) TEST RESULTS:**

Pick-up (valid ID required)     Secure Email:  
 Mail: Address (if different from above)

Patient Designee Pick-up (valid ID required):  
 Name of Designee(s) (Print): \_\_\_\_\_

By signing, I \_\_\_\_\_ (patient signature) am designating the above listed person(s) to pick-up my laboratory test result(s) on my behalf.

**4) LABORATORY TEST ORDER:**

COVID-19 Testing: SARS-COV-2 by RT-PCR (Individual) SARS-COV-2 by RT-PCR (Pooled)* SARS-COV-2 Rapid Antibody (IgM, IgG) * For information, see COVID-19 test information page	Other Laboratory Testing: Choose a test Choose a test Choose a test Choose a test Choose a test
---	--

Name: _____	Name: _____	Name: _____	Name: _____
DOB: _____	DOB: _____	DOB: _____	DOB: _____