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<b>Date Collected:</b>	<b>Date Received:</b>
<b>Laboratory Use Only</b>	
<b>Accession Number:</b>	<b>Time Reported:</b>

Group or Practice Name and Ordering Physician		Ordering Physician(s) Location and Contact Information	
<input type="checkbox"/>		Address Line 1:	
<input type="checkbox"/>		Address Line 2:	
<input type="checkbox"/>		City:	Main #:
<input type="checkbox"/>		State:	Fax #:
<input type="checkbox"/>		Zip Code:	Other:

### Upper Respiratory Pathogen Panel (RP2)

**Upper Respiratory Panel (RP2) (See 21 Targets Below)**

#### Film Array® Respiratory Panel

The Film Array Respiratory Panel (RP2) tests for a comprehensive set of 21 respiratory viral and bacterial pathogens in about an hour. The Respiratory Panel identifies the most common viral and bacterial pathogens that cause respiratory tract infections that present with nearly indistinguishable symptoms. The rapid and accurate identification of the causative agent helps determine how a healthcare provider chooses to treat an upper respiratory infection.

#### RP2 Targets

**Bacteria:** *Bordetella pertussis*, *Chlamydomphila pneumoniae*, *Mycoplasma pneumoniae*, *Bordetella parapertussis*

**Viruses:** Adenovirus, Coronavirus HKU1, Coronavirus NL63, Coronavirus 229E, Coronavirus OC43, Human Metapneumovirus, Human Rhinovirus/Enterovirus, Influenza A, Influenza A/H1, Influenza A/H3, Influenza A/H1-2009, Influenza B, Parainfluenza Virus 1, Parainfluenza Virus 2, Parainfluenza Virus 3, Parainfluenza Virus 4, Respiratory Syncytial Virus

**ATTENTION: Patient Information: All fields required and MUST be completed. This document MUST be submitted with your specimen**

Last Name:		First Name:		Date of Birth:		Gender:	
Home Address:			City:			State:	Zip:
Home Phone:		Work Phone:		Mobile Phone:			
Primary Insurance:				Secondary Insurance:			
Group #:		ID#:		Group #:		ID#:	
Address:				Address:			
City:		State:	Zip:	City:		State:	Zip:

#### Applicable ICD-10 Code(s)

<input type="checkbox"/> <b>B34.1</b>	Enterovirus infection, unspecified	<input type="checkbox"/> <b>A37.01</b>	Whooping cough due to <i>Bordetella pertussis</i> with pneumonia
<input type="checkbox"/> <b>B34.2</b>	Coronavirus, unspecified	<input type="checkbox"/> <b>J16.0</b>	Chlamydial pneumonia
<input type="checkbox"/> <b>J06.9</b>	Acute upper respiratory infection, unspecified	<input type="checkbox"/> <b>B96.0</b>	Mycoplasma pneumonia
<input type="checkbox"/> <b>J22</b>	Acute lower respiratory	<input type="checkbox"/> <b>B96.1</b>	Klebsiella pneumonia
<input type="checkbox"/> <b>B97.81</b>	Human metapneumovirus	<input type="checkbox"/> <b>Other</b>	
<input type="checkbox"/> <b>A37.90</b>	Whooping cough	<input type="checkbox"/> <b>Other</b>	
<input type="checkbox"/> <b>A37.00</b>	Whooping cough due to <i>Bordetella pertussis</i>	<input type="checkbox"/> <b>Other</b>	

#### Patient Assignment of Benefits

I authorize payment to be paid to Genesis Laboratory Management, LLC shown above for laboratory testing benefits otherwise payable to me. I understand I am financially responsible to Genesis Laboratory Management, LLC for charges not paid or payable under my insurance program attached. I understand that my insurance may not be able to honor this request. If they cannot, they will pay the benefits directly to me as the insured and will direct the payment to Genesis Laboratory Management, LLC.

<b>Insured or Guardian Signature:</b>	<b>Date:</b>
<b>Clinician Signature:</b>	<b>Date:</b>

#### Laboratory Use Only

<b>Accessioner's Initials</b>	<b>Lab Technician's Initials:</b>
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