



Laboratory Request

Donald Simpson, MD
Laboratory Director
CLIA # 05D2044828

Tel 310 376 5812 | Fax 866 549 6617 | 3838 Del Amo Blvd Suite 202
Torrance, CA 90503 | www.vitaediagnosics.com

AFFIXED LABEL



SPECIMEN INFORMATION
DATE COLLECTED
TIME COLLECTED

SPECIMEN ID NUMBER

PLEASE COMPLETE ALL SECTIONS

Patient Information
Patient Last Name
Patient First Name, Middle Initial
Race/Ethnicity
Gender
Date of Birth

Practice Information
Requesting Provider

Insurance Information
Bill Client
Medicare Part A - Bill Client
Insurance on file
New Insurance
Medicare
MediCal
Medicaid
PPO
Please provide copy of insurance card front and back.

Diagnosis Code(s)

ORDER TESTS

COVID-19 IgG and IgM SERUM
COVID-19 by PCR ORAL SWAB
NASAL SWAB
COVID-19 Antigen Test SWAB

Do you have any Fever?
Do you have any Cough shortness of breath or difficulty breathing?
Do you have Muscle Aches?
Were you in contact with anyone diagnosed with SARS2-COV-2 infection?
Have you been tested and confirmed for SARS2-COV-2 infection?
Essential Employee?
Pregnant?
High Risk Patient?
High Risk Contributors:

Patient's Consent

I understand the antibody test is a screen only and molecular testing is considered to be the confirmatory test. I authorize the laboratory to release my data to the department of health for epidemiology purposes.

Patient Signature:

Please Print Legibly

Patient E-mail Address:
Street Address:
City: County: State: Zip:
Phone Number:

Collector Signature: Date: