

SHADED AREAS FOR PATIENT INFORMATION REQUIRED

STAT		COLLECTION DATE		TIME	REPORT
<input type="checkbox"/>		/	/	___ AM/PM	<input type="checkbox"/> CALL <input type="checkbox"/> FAX
PATIENT LAST NAME _____ FIRST NAME _____ MI _____					PROVIDER: _____ (Last, First, MI)
DOB / /	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PT. ID# / ADDITIONAL INFO	BILL <input type="checkbox"/> OFFICE/CLIENT <input type="checkbox"/> PATIENT INSURANCE		
ADDRESS / CITY / STATE / ZIP			PHONE NUMBER		
PATIENT INSURANCE ATTACH COPY OF FRONT AND BACK OF INSURANCE CARD AND ATTACH COPY OF FRONT OF DRIVERS LICENSE IF UNABLE TO OBTAIN COPY OF REQUIRED INFORMATION ALL FIELDS BELOW ARE REQUIRED					Account Code _____ Account Name _____ _____ Address, City, State, & Zip Code _____ Phone Number: _____ Fax Number: _____
GUARANTOR NAME/DOB (REQUIRED IF PATIENT IS A MINOR) _____					
ADDRESS		CITY	STATE	ZIP	
PRIMARY INSURANCE <input type="checkbox"/> MEDICARE IN-PATIENT <input type="checkbox"/> MEDICARE OUT-PATIENT <input type="checkbox"/> MEDICAID <input type="checkbox"/> INSURANCE					
POLICY ID#			GROUP ID#		
INSURANCE COMPANY			PHONE NUMBER		
INSURANCE COMPANY ADDRESS		CITY	STATE	ZIP	
EFFECTIVE DATE / /					
DIAGNOSIS / MEDICAL NECESSITY (ENTER ALL THAT APPLIES) _____					
ICD-10 #1	ICD-10 #2	ICD-10 #3		SECONDARY / TERTIARY INS – ATTACH INFORMATION	
<small>NOTICE: WHEN ORDERING TESTS FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF A PATIENT RATHER THAN FOR SCREENING PURPOSES. FOR MORE INFORMATION SEE reglab.org/billingcompliance/</small>					<input type="checkbox"/> ABN ATTACHED <input type="checkbox"/> PRIOR AUTHORIZATION ATTACHED

EACH TEST ORDERED MUST BE CODED WITH A DIAGNOSIS NUMBER

	<p>Patient Race: ___ White ___ Black ___ American Indian ___ Asian/Pacific Islander ___ Unknown ___ Other: _____</p> <p>Patient Ethnicity: ___ Hispanic ___ Non-hispanic ___ Unknown</p> <p>Test Requested: ___ COV19 - COVID19 by PCR Source: _____ ___ RESPP - Respiratory Pathogen Panel by PCR Source: _____ ___ SAR2GB - SARS-CoV-2 IgG Antibody</p> <p>Required AOE's per the CARES Act: First test: ___ Yes ___ No ___ Unknown Healthcare employee: ___ Yes ___ No ___ Unknown Symptomatic per CDC: ___ Yes ___ No ___ Unknown Symptom onset date: _____ (if applicable) Hospitalized: ___ Yes ___ No ___ Unknown If hospitalized, in an ICU: ___ Yes ___ No ___ Unknown Resident in congregate care setting: ___ Yes ___ No ___ Unknown Pregnant: ___ Yes ___ No ___ Unknown</p>	
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ADDITIONAL TEST INFO/COMMENTS



Testing Supplies

Regional Pathology Services furnishes specimen-collection supplies for use by clients that send tests to us.

Supplies are ordered online at reglab.org/customer-service/supply-orders/ testing supplies and log-on information may be obtained by calling Client Services
Toll Free 800-334-0459
Phone 402-559-6420

Courier Services

Regional Pathology Services offers an extensive courier network, which includes contracted land and air courier services. Contracted land specimen pickup is provided at no charge for specimens tested by Regional Pathology Services or our designated reference laboratories.

To inquire about scheduled stops and after hours courier service, call
client services Toll Free 800-334-0459
Phone 402-559-6420

If shipping specimens address to:
UNMC Shipping & Receiving Dock
Regional Pathology Services MSB 3500
University of Nebraska Medical Center
601 Saddle Creek Road
Omaha, NE 68106-1180

Transport Instructions:

Specimen Handling/Shipping

To ensure the safety of personnel and the community, proper handling of specimens for shipment is mandatory. Specimens will be rejected if submitted improperly. The shipper is responsible for the proper packaging and shipping of all specimens. Shippers must be trained and certified by their employer to be able to prepare and ship packages containing diagnostic specimens, biological substances and infectious substances. Rules of the various agencies involved may differ, and may change regularly. Specimen must have at least two patient identifiers and be packaged in sealed plastic bags to prevent leakage or contamination. Place accompanying paperwork in the bag pocket, away from the specimen. Practice universal blood and body fluid precautions when handling specimens.

For tests that require scheduling or special arrangements prior to specimen collection, refer to the Online Test Menu at reglab.org for more information.

Questions?

Contact client services at 800-334-0459