NO STAPLES PLEASE

Certus LABORATORIES
DEFINING EXCELLENCE

SAMPLE TYPE: RESPIRATORY SWAB

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Ocean Springs, MS 39564
Phone: 228.818.0366 Fax: 228.818.0367
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CLIA#: 25D2076257

SO000001

SO000001
Patient Initials _____
Patient DOB ____/____/____
PLACE ON TUBE

1. CORONAVIRUS COVID-19 MOLECULAR PCR TEST

Patient Self Order

Date Collected: _____/_____/_____ **Time:** ____:____ **Collector's Initials:**_____

2. PATIENT INFORMATION - Complete form in its entirety

REQUIRED: COMPLETE ALL AREAS IN BLUE — Attach a copy of patient's demographics and insurance information.

Last | First: | MI: | DOB: __/__/____

Sex: ☐ M ☐ F

Race (Select one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White or Caucasian ☐ Multiple/Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Patient Address:_____

City: _____State: _____ Zip: _____ County: _____

Phone Number: _____ Email Results To: _____

3. PATIENT PAYMENT INFORMATION

☐ Billing address same as Home address

Billing Address:_____

City: _____State: _____ Zip: _____ County: _____

Amount: $ _____

Card Number_____ Security Code: _____

Credit/Debit Card Type: _____ Expiration Date: _____

Print Card Holder's Name: _____

OR: Checks Payable to: Certus Laboratories

Check Number: _____

4. CONSENT

I, the undersigned acknowledge that this specimen was provided voluntarily for analysis of the presence of the COVID-19 virus (Coronavirus SARS-CoV-2). I authorize Certus Laboratories, LLC, to charge my credit card for the cash pay amount listed above in section 3.

Patient Signature: _____ **Date:** _____/_____/_____