

**Requisition for Ambulatory Patient Tent**  
**Only to be used for non- epic affiliated providers**

**Fax this requisition to **Leominster lab** at fax number 978-466-2889**

Patient Last Name, First Name

Address:

Insurance Company and Number:

Guarantor:

Date of Birth:

Sample Collection Date:

MRN:

Fax Number:

Direct Phone for Provider:

Must provide DX code:

Ordering Provider:

	<u>TEST</u>	<u>MNEMONIC</u>	<u>SPEC TYPE</u>
<b>X</b>	<b>COVID -19PCR (QUEST) QML-39433</b>	<b>LAB31809</b>	<b>NP SWAB</b>

**Important:** Please ensure your patient is aware of these items

1. Due to the limited number of test kits available each day your patient may be advised to come back to our facility the next day to be tested.
2. Please inform your patient not to get out of their car. This is a drive-up service.
3. It may take up to 1hr for our central lab to process this requisition into our system. Your patient should be told not to arrive immediately for testing
4. Your patient will need to be prepared to wait in line