SARS-CoV-2 (COVID-19) Testing Requisition

NORTH MISSISSIPPI MEDICAL CENTER

Place bar-coded patient label here
(if applicable)

(Please Check Your Lab Location)

☐ NMMC- Tupelo	☐ NMMC – Iuka	☐ NMMC - Marion	☐ NMMC - Pontotoc	☐ NMMC - Webster	☐ NMMC- West Point
830 South Gloster Street	1777 Curtis Drive	1256 Military St. South	176 S. Main Street	70 Medical Plaza	150 Medical Ctr Dr.
Tupelo, MS 38801	Iuka, MS 38852	Hamilton, AL 35570	Pontotoc, MS 38863	Eupora, MS 39744	West Point, MS 39773
Phone: 662.377.3066	Phone: 662.423.4054	Phone: 205.921.6290	Phone: 662.488.7621	Phone: 662.258.9340	Phone: 662.495.2317
Fax: 662.377.4883	Fax: 662.423.4538	Fax: 205.921.6297	Fax: 662.488.7685	Fax: 662.258.9297	Fax: 662.495.2380

Patient Information

Name (Last, First, Middle)	SSN #	Gender ☐ Male ☐ Female	Birth Date (Month DD, YYYY)
Street Address			
City	State	ZIP Code	County
Patient Phone Number:			

Insurance Information (**or attach copy of insurance Information**)

Primary Insurance	Policy #	Insured's Name
Secondary Insurance	Policy #	Insured's Name

Clinic / Physician Information

Clinic Name:	Ordering Physician	Contact Phone Number (required for followup)

Test Requested

[X]	SARS Coronavirus PCR (QCV19)

Specimen Submitted

[X]	Nasopharyngeal Swab	Collection Date:

Clinical History:

☐ Fever/Temp:_____	☐ Cough	☐ SOB	☐ Other (Please List):

Exposure:

Did the patient have contact with another COVID-19 patient? ☐ No ☐ Yes	If Yes, when

Required Testing Information:

Was any additional Respiratory Virus Testing Performed: ☐ Yes No ☐

If yes, check all that apply:

☐ Influenza Test. Results and Date: _____

☐ Strep Test. Results and Date: _____