

**1. Patient Information**

Patient needs to fill out sections 1,2, and 3.

<b>Last Name: *</b>				
<b>First Name: *</b>			<b>Middle Initial:</b>	
<b>Gender: *</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Date of Birth: *</b>	
			m m    d d    y y	
<b>Race: *</b> Check one box				
<input type="checkbox"/> B–African American / Black <input type="checkbox"/> C– Caucasian / White <input type="checkbox"/> H– Hispanic / Latino <input type="checkbox"/> A– Asian <input type="checkbox"/> M–Mixed				
<input type="checkbox"/> I – Native American / Alaskan Native <input type="checkbox"/> P – Native Hawaiian / Other Pacific Islander <input type="checkbox"/> O – Other				
<b>Address: *</b>				
	Street	City	State	ZIP
<b>Phone: *</b>				
<b>Email:</b>				
Please write your email clearly. This will be used to send you the result. If you don't provide the email address or we cannot read your email address, you will require to collect your report from Client or Sunshine Lab.				
<i>I hereby authorize payment directly to Sunshine Laboratory LLC. for all testing. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurance. I hereby authorize Sunshine Laboratory LLC. to release the results to the testing physician or facility.</i>				
<b>Patient Signature: *</b>				<b>Date: *</b>

**2. Diagnosis Code Information**

Need at least one to be checked in Box A to charge it to insurance. Check all applicable.

<b style="color: blue;">A</b> Insurance will cover cost if one of the box below is checked	<b style="color: blue;">B</b> Additional Symptoms: Insurance may not cover if nothing in box A is checked.
<input type="checkbox"/> Z20.822 Contact with and suspected exposure to COVID-19 <input type="checkbox"/> J12.82 – Pneumonia due to coronavirus disease 2019 <input type="checkbox"/> U07.1 – 2019-nCoV acute respiratory disease	<input type="checkbox"/> R05.9: Cough/Congestion <input type="checkbox"/> R50.9: Fever, Unspecified <input type="checkbox"/> R06.02: Shortness of breath

**3. Insurance Information** \* Required copy of Photo ID & Insurance ID

Primary Insurance Provider Name	Member ID#	Group#
Secondary Insurance Provider Name	Member ID#	Group#

 Un-insured program has been suspended by the Government due lack of funds.  
 If you don't have health insurance, you will need to pay out of pocket at the time of testing.

**4. Specimen Information** \* Client Need to fill out this section

<b>Collected By:</b> <u>Self Administered</u>	<b>Collection Date:</b>	<b>Collection time: *</b>
Specimen Type: <input checked="" type="checkbox"/> Nasal Swab	Test Ordered: <input checked="" type="checkbox"/> SARS-CoV-2 RT-PCR	

**5. Provider Information**

<b>Client ID:</b>	<b>Client Name and Information:</b>	<b>Contact:</b>	<b>Client NPI No:</b>
1	Sunshine Laboratory LLC 181 Route 22 East, Green Brook, NJ 08812	Phone: 732 993 7330 Fax: 732 372 0616	1518562784