Island O'ahu

BARCODE HERE

Code: 39687CC

CLINICAL LABS OF HAWAII

OAHU 677-7999 MAUI 244-5567 HILO 935-4814
KONA 329-2205 KAUAI 245-7775 WAIMEA 885-9505

PHYSICIAN
Stuart D. Lerner, MD (39687)
970 N KALAHEO C-316
Kailua, HI 96734
Kailua, HI 96734
Ph: 808-954-4463 * Fax: 1888-364-2014

Clnt Pt Id:

☐ BILL TO PT INSURANCE OR GUARANTOR
☐ BILL TO GROUP ACCT # 5695

SPECIMEN	# COLL	# RECD
LAVENDER		
RED		
BLUE		
GREEN		
SST		
OTHER		
STOOL		
SWAB		

Collection Date: / /
Collection Time:
Collected By:
☐ CLH ☐ MD's Office
☐ Urine
Urine Volume:

☐ FASTING ☐ NON-FAST ☐ CAPILLARY

☐ PDS $

ACCESSIONED BY: REQ CHECKED BY:

COPY TO / SPECIAL INSTRUCTIONS

PATIENT NAME (LAST, FIRST, M.I.) | DATE OF BIRTH | SEX ☐ F ☐ M ☐ X

MAILING ADDRESS

CITY | STATE | ZIP | HOME PHONE # | WORK PHONE #

PRIMARY INS | MEMBERSHIP # | CC SUBSCRIBER'S NAME | RESPONSIBLE PARTY

SECONDARY INS | MEMBERSHIP # | CC SUBSCRIBER'S NAME | RESPONSIBLE PARTY

If Uninsured, Please See Billing Information Below

☐ STAT ☐ CALL Name/Institution: _____
☐ PRE-OP ☐ FAX Phone #: Fax #:

Diagnosis/ICD-10 Codes (Must support each test ordered)

PATIENT RACE (REQUIRED BY HHS AND CDC)

☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Refused to Answer
☐ Asian ☐ White ☐ Unknown
☐ Black or African American ☐ Multiple/Other

PATIENT ETHNICITY (REQUIRED BY HHS AND CDC)

☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Refused to Answer ☐ Unknown

COVID-19 CLINICAL HISTORY (REQUIRED BY HHS AND CDC)

First COVID-19 Test?	☐ YES	☐ NO	☐ UNKNOWN
Employed in Healthcare?	☐ YES	☐ NO	☐ UNKNOWN
Symptomatic as defined by CDC?	☐ YES	☐ NO	☐ UNKNOWN
If YES, date of symptom onset (mm/dd/yy) _____			
Hospitalized for COVID-19?	☐ YES	☐ NO	☐ UNKNOWN
ICU for COVID-19?	☐ YES	☐ NO	☐ UNKNOWN
Resident in congregate care setting?	☐ YES	☐ NO	☐ UNKNOWN
Pregnant?	☐ YES	☐ NO	☐ UNKNOWN

BILLING INFORMATION

☐ Client Bill Group Account #: _____ ☐ Insurance Bill (Attached copy of card;back and front)
☐ Uninsured Patient
Driver's License # / State ID #: _____ State of Issuance: _____
OR
SSN: _____ - _____ - _____

TESTING OPTIONS

☐ SARS-CoV-2 (COVID-19) MOLECULAR TESTING (rtPCR, TMA) (4142) COV19P

☐ Nasopharyngeal (NP) ☐ Nasal (NASL) ☐ Oropharyngeal (OROP) ☐ Oropharyngeal + Nasal (NASOP)

☐ SARS-CoV-2 (COVID-19) IgG Antibody (4223) COVIGG