



Heidelberg University Drive Thru E-Req Instructions

Section 1:

- Patient, Please Leave Blank

Section 2: PATIENT INFORMATION

- Fill out entire section (**NOTE**: SSN and Driver's License is NOT needed)
- Please type cell phone number and email address.

Section 3: Insurance Type:

- Leave this part as is, "*Community Free Test*". Do not change.

Section 4: Provider Information:

- Leave this part as is, do not change.

Section 5: COVID – 19 Tests

- **Test Code:** Leave as is (720100 – SARS – CoV – 2)
- **Virus Antibody:** LEAVE BLANK
- **Dx Code (Diagnosis Code):** Choose **one** of the two below:
 - **Z03.818** - Encounter for observation for suspected exposure to other biological agents ruled out.
 - **Z20.828** - Contact with and (suspected) exposure to other viral communicable diseases.
- Please **CHANGE** collection date to **3/10/2020**, do not change the time.

Section 6: Custom State Questions:

- These are required by CDC in each state. Please answer all 7 questions.