

COVID-19 SPECIMEN REQUIREMENTS AND TESTING INFORMATION

(effective 1/1/2023)

THIS TRANSMISSION CONSISTS OF **9** PAGES INCLUDING THIS COVER PAGE. IF THERE ARE ANY DISCREPANCIES, PLEASE CONTACT US AT (650) 853-4828. FAX (650) 614-3292.

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Contact Information:	

Dr. Jack S. Remington Laboratory for Specialty Diagnostics
795 El Camino Real, Ames Building
Palo Alto, CA 94301

Phone #: (650) 853-4828

Fax #: (650) 614-3292

Email: RemingtonLab@sutterhealth.org

- Our specimen requirement for serologic testing is 3 ml of serum from a serum-separator tube or a red-top tube (minimum 0.5 ml; may be QNS for repeat testing). Please centrifuge the specimen, and *if possible, send serum only*. Grossly hemolyzed, icteric, lipemic, and bacterially contaminated specimens cannot be tested. Serum specimens can be sent at ambient temperature.
- THE PATIENT'S NAME AND COLLECTION DATE MUST APPEAR ON SPECIMEN LABEL. Unlabelled specimens will not be tested.

Contents of packet and additional information are available at:

www.sutterhealth.org/RemingtonLab

COVID-19 Antibody and PCR Testing

Patient Information: *Please note: The following information must be provided for reporting to the Department of Public Health throughout the United States. Any samples not accompanied by the requested information will not be tested. Patient name and collection date must also appear on specimen label.*

Patient's Last Name: _____ First Name: _____ Birth date: _____ Male Female Other
 Race: American Indian/Alaska Native Asian Black Hawaiian/Pacific Islander White Other Unknown Ethnicity: Hispanic Non-Hispanic
 Patient's Address: _____ Patient's County: _____
 Patient's Phone: _____ Patient ID#: _____ Specimen type: _____ Collection date: _____
 Physician's Name: _____ Phone: _____
 Physician's Address: _____ Fax: _____

History (important for proper interpretation of results)

Since January 1st, 2020: Has patient been diagnosed with Coronavirus Disease-19 (COVID-19)? N Y Date: ___/___/___

Has patient experienced episodes with the following symptoms:

No symptoms

Has patient had a PCR test for COVID-19 virus?

N Y Date: ___/___/___

Pos. Neg

- Cough N Y Date: ___/___/___
- Shortness of breath N Y Date: ___/___/___
- Fever N Y Date: ___/___/___
- Chills N Y Date: ___/___/___
- Repeated shaking with chills N Y Date: ___/___/___
- Muscle pain N Y Date: ___/___/___
- Headache N Y Date: ___/___/___
- Sore throat N Y Date: ___/___/___
- New loss of taste or smell N Y Date: ___/___/___

Has patient been diagnosed with pneumonia?

N Y Date: ___/___/___

►For above questions, please include a copy of the report if available

ICD-10: _____

COVID-19 Antibody Testing

COVID-19 PCR Testing

IgG Spike protein-receptor binding domain antibodies \$140

PCR (see PCR specimen requirements) \$155

- Nasal swab
- Nasopharyngeal swab
- Oropharyngeal swab

Client's Billing address (MUST be included. We cannot bill the patient or insurance.)

Results address

Attn:

Attn:

PO# (if required for payment):

Phone:

Fax:

Phone:

Fax:

E-mail:

Email:

Send to: Dr. Jack S. Remington Laboratory for Specialty Diagnostics, 795 El Camino Real, Ames Building, Palo Alto, CA 94301
 Tel: (650) 853-4828 Fax: (650) 614-3292 Email: RemingtonLab@sutterhealth.org Web site: www.SutterHealth.org/RemingtonLab

For laboratory use only:

Customer number: _____

Specimen condition:

Doctor number: _____

Normal Hemolyzed Icteric Lipemic

Accession number: _____

Other: _____

Billing Information

GENERAL

Our laboratory will process your patient's specimen only if proper billing information is provided on billing portion of the requisition. Testing will not be performed until billing information is provided.

We cannot bill insurance or the patient directly. We can only bill the hospital, doctor or laboratory where specimen originated. Another option is for the patient to include a personal check, money order or credit card information (Visa or Mastercard) along with the specimen. These latter patients will receive a paid receipt after testing is completed. Please be aware, if your patient's payment does not clear or if there is a remaining balance, the ordering physician is responsible for all charges.

The Remington Lab is a not-for-profit laboratory.

NEW YORK PHYSICIANS

New York State law prohibits us from billing New York State physicians directly. Therefore, all patients whose specimens are sent to us by a private physician must include a check, money order or credit card information (Visa or Mastercard). Specimens will only be held for two weeks if proper payment is not provided.

PAYMENT TERMS

Payment terms are net **30 days**. Past due accounts may be subject to collections by an agency of the Palo Alto Medical Foundation. **Please make checks payable to the Dr. Jack S. Remington Laboratory for Specialty Diagnostics.**

In order to ensure that your account is properly credited, the invoice number must be included and the address for remittance must include all of the following information:

Dr. Jack S. Remington Laboratory for Specialty Diagnostics
795 El Camino Real, Ames Building
Palo Alto, CA 94301

INSURANCE REIMBURSEMENT

Our laboratory is not a contracted provider for any health insurance carriers. We cannot directly bill any insurance company for our charges. We provide the following information to assist in submitting charges for reimbursement from insurance carriers:

CPT codes	CPT codes are listed in our invoice
ICD-10 codes	Encounter for screening for COVID-19— Z11.52 Contact with and (suspected) exposure to COVID-19— Z20.822 Coronavirus infection, unspecified— B34.2 Personal history of COVID-19— Z86.16 Post COVID-19 condition, unspecified— U09.9 - Pneumonia due to coronavirus disease 2019— J12.82
We can provide an extended code list for your reference, however, selecting an accurate code is the provider's responsibility.	
Tax ID number	94-1156581

Fee Schedule

(Effective 1/1/2023)

Individual tests**Covid IgG****Covid PCR****Prices / CPT codes****\$140 / 86318****\$155 / 87635**

Covid Test Information

Covid IgG

Reference range: reported as negative or positive

Specimen: serum

Volume: 0.5 ml

Transport temperature: 2 – 8° C (preferred); ambient (acceptable)

CPT code: 86318

Fee: \$140

Method Reference: Montoya JG, Adams AE, Bonetti V, Deng S, Link NA, Pertsch S, Olson K, Li M, Dillon EC, Frosch DL. 2021. Differences in IgG antibody responses following BNT162b2 and mRNA-1273 SARS-CoV-2 vaccines. *Microbiol Spectr* 9:e01162-21.

Renard N, Daniel S, Cayet N, Pecquet M, Raymond F, Pons S, Lupo J, Tourneur C, Pretis C, Gerez G, Blasco P, Combe M, Canova I, Lesenechal M, Berthier F. 2021. Performance characteristics of the Vidas SARS-CoV-2 IgM and IgG serological assays. *J Clin Microbiol* 59:e02292-20.
<https://doi.org/10.1128/JCM.02292-20>.

Covid PCR

Reference range: Reported as negative or positive

Specimen: nasal swab, nasopharyngeal swab, oropharyngeal swab

Volume: swab in transport media (viral transport media preferred)

Transport temperature: ambient; 2 – 8° C

CPT code: 87635

Fee: \$155

Method Reference: TaqPath™ COVID-19 Combo Kit INSTRUCTIONS FOR USE, Catalog Number A47814 Publication Number MAN0019181 Revision G.0

Testing Schedule

ROUTINE TEST SCHEDULE

Antibody tests: Specimens received by noon Monday-Friday (Pacific Time) will be tested same day. Results are available within 48 hours.
Covid IgG

PCR: Specimens received by noon Monday-Friday (Pacific Time) will be tested same day. Results are available within 48 hours.

Antibody/PCR Final reports will be available within 72 hours of sample receipt. However, reports for samples with missing billing information or test clarification may take longer. Reports for results requiring consultation will not be available until the reporting cycle following consult completion.

To ensure the quality of results, repeat testing is sometimes required. This may delay reporting of results.

HOLIDAY TEST SCHEDULES

For a current list of applicable holidays and test schedule modifications, please see:

<https://www.sutterhealth.org/pamf/services/lab-pathology/serology-holiday-schedule>

To ensure specimen integrity, we recommend specimens are not shipped for delivery on weekends or holidays

Business hours: 7:00 a.m. – 3:00 p.m. Pacific Time, Monday – Friday.
Closed weekends and holidays.

PCR: Instructions

General Instructions

Specimen Types and Requirements: [See PCR Specimen Requirements](#)

Shipment: Send specimens for PCR testing to this address:

Dr. Jack S. Remington Laboratory for Specialty Diagnostics

Attention: PCR

795 El Camino Real, Ames Building

Palo Alto, CA 94301

Ship each sample for PCR testing in a separate sealed bag from other samples. All samples received for PCR testing will be prepared for testing, and **will not be suitable for return.**

Covid PCR

Specimen: Nasal swab, oropharyngeal swab, or nasopharyngeal swab

Recommended volume: Swab in transport media (viral transport media preferred).

Shipment: Ship nasal swab, oropharyngeal swab, and nasopharyngeal swab ambient or with cold packs sufficient to maintain temperature of 2 – 8°C during shipment.

PCR Validated Specimens

The following samples have been validated for testing in our laboratory:

- Nasopharyngeal swab
- Oropharyngeal swab
- Nasal swab

PCR Reports

PCR results will be reported as follows:

- “Positive”
- “Negative”

Preferred Conditions for Processing, Storing, and Shipping Specimens for PCR Testing¹

SPECIMEN TYPE	SPECIMEN AGE	SHIPPING CONDITIONS	VOLUME ¹
Nasopharyngeal Swab	Up to five days when stored ambient or refrigerated	Ambient; 2 – 8° C on ice or cold packs; overnight delivery	Swab in transport media (viral transport media preferred)
Oropharyngeal Swab	Up to five days when stored ambient or refrigerated	Ambient; 2 – 8° C on ice or cold packs; overnight delivery	Swab in transport media (viral transport media preferred)
Nasal Swab	Up to five days when stored ambient or refrigerated	Ambient; 2 – 8° C on ice or cold packs; overnight delivery	Swab in transport media (viral transport media preferred)

¹ The Remington Lab will test specimens that deviate from these conditions. However, sensitivity might be compromised. Please contact our laboratory at (650) 853-4828 for any questions about testing specimens that do not conform to these conditions.

Dr. Jack S. Remington Laboratory for Specialty Diagnostics
formerly known as the Toxoplasma Serology Laboratory

CREDIT CARD PAYMENT

Sutter Bay Medical Foundation only accepts Visa or Mastercard

Patient Name: _____, _____ **Customer #:** _____
Last Name First Name

Name of Card Holder: _____, _____
Last Name First Name

Billing Address: _____ **Contact #:** (____) _____ - _____
of Card Holder

City State Zip Code

Card Type: VISA # _____ **CVV#:** ____ **Exp. Date:** ____ / ____
Card Number Last 3 digits behind card

MASTERCARD # _____ **CVV#:** ____ **Exp. Date:** ____ / ____
Card Number Last 3 digits behind card

Amount of Payment: \$ _____ **Request Receipt:** YES NO

Invoice #:

Amount:

Total Amount Paid: \$ _____ **Name:** _____ **Date:** _____
Initials of person handling transaction Date of Transaction
(For Remington Laboratory Employee)

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