

Physician Information

Practice Name **CDR | Mission #:**

Physician Name **CDR | Pantaleon**

Office Phone **954-239-8167 | 954-239-8806**

Name of Office Contact **Dr. Pantaleon | C. Duarte**

Requesting Physician's Signature

X **On-File**

Patient Information

Patient Name _____
(First Name, Last Name)

Address _____

City _____ State _____ Zip _____

Phone # _____ SS# _____

Date of Birth ____ / ____ / ____ Gender: Male Female

Collection Information

Collection Date ____ / ____ / ____

Respiratory Pathogen Panel

Viral Targets

Influenza A	Rhinovirus/Enterovirus	Adenovirus
Influenza A H1	Parainfluenza virus 1	Coronavirus HKU1
Influenza A H3	Parainfluenza virus 2	Coronavirus NL63
Influenza B	Parainfluenza virus 3	Coronavirus 229E
Respiratory Syncytial Virus A	Parainfluenza virus 4	Coronavirus OC43
Respiratory Syncytial Virus B	Human Metapneumovirus	Human Bocavirus

Bacterial Targets

Chlamydomphila pneumoniae	Mycoplasma pneumoniae	Legionella pneumoniae
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IMPORTANT!

Please ensure the patient name, test request and specimen source is indicated so that both the label and registration match. Two patient identifiers are required on each specimen submitted.

Respiratory Pathogen Panel plus COVID-19

COVID - 19 Only

Group A Strep

Bordetella Pertussis/Parapertussis

Flu A/B and RSV

***Please fill out, print and bring with you to your appointment**