

Texas Mobile Testing LAB REQUEST – Community COVID-19 Testing

Patient Label	Location/Submitter
	Requesting Provider

Collection Date (Required)	Collection Time (Required)	Collector Name (Required)
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Diagnosis/ (ICD-10)

	Test Description	CPT®	Collection Container
X	COVID-19 Testing [LAB002110]	U0002	Nasopharyngeal Swab in Universal Transport Media

Additional instructions / comments:

LC#: 42243820