

PRE-SURGICAL CLEARANCE GUIDANCE DOCUMENT

Once your physician has scheduled you for surgery, we will be requiring that you obtain a COVID-19 Test **48 hrs before surgery** at the following location. For your safety, your surgery may be cancelled without a Covid-19 test result. Please find below information for each testing site:

Region	Address	Hours	Go-Live	Instructions
Eastern	777 Larkfield Rd, Commack, NY 11725*	Mon – Sat 7AM-12PM	5/13	Call 833-4UR-CARE (833-487-2273) to schedule appointment
Eastern	32 Main St, Bay Shore, NY 11706	Mon – Sat 7AM-12PM	5/14	
Eastern	1272 East Main St, Riverhead, NY 11901	Tues, Thurs, Sat 7AM – 12PM	5/19	
Central	95-25 Queens Blvd, Rego Park, NY 11374	Mon – Sat 7AM-12PM	5/15	
Western	176 E 77 th Street, New York, NY 10075	Mon – Sat 7AM-12PM	5/18	
Western	170 E 77 th Street, New York, NY 10075	Mon – Fri 6:30AM-6PM Sat: 7AM – 1PM Sun: 8AM – 12PM	OPEN	WALK-IN Pt must bring Completed PCR Order form w/ Surgery Date

1. Please obtain a copy of the completed COVID19 Order Form from your physician/surgeon.
2. Go to the location listed above **48 hrs before surgery** to obtain testing.
3. Please WAIT for directives from the hospital regarding surgery to ensure we receive your testing results.
 - a. If negative, surgery will continue as scheduled
 - b. If positive, we will reschedule your surgery

LabFly (Home Testing) – *Alternate Option, but must be booked in advance*

Customer Service: (516) 719-1100
 Monday, Tuesday, Thursday and Friday: 7am to 6pm
 Wednesday: 7am to 8pm
 Saturday: 7am to 1pm
 NYC, Long Island, and Westchester

1. Download LabFly app from Apple Store or Google Play
2. Create an account and profile
3. "Book a Home Draw" in advance for **48 hrs before surgery**.
 (Example: If surgery is scheduled May 15, please book home draw on May 13 by May 11)

*Please refer to Quick Start Guide for LabFly for any assistance.

4. Please WAIT for directives from the hospital regarding surgery to ensure we receive your testing results.
 - a. If negative, surgery will continue as scheduled
 - b. If positive, we will reschedule your surgery

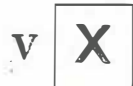
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First Name _____
 Last Name _____
 Email _____
 Password _____
 Confirm Password _____
 Login



Northwell Health Laboratories
450 Lakeville Road, Lake Success, NY 11042 | (516) 719-1100



stat.expedite

SURGERY DATE: _____

Out-Patient - COVID-19 PCR Mandatory Test Requisition Form

PLACE LARGE LABORATORY LABEL BELOW OR COMPLETE ALL SECTIONS:

P A T I E N T	PATIENT IDENTIFIER			PHYSICIAN/OFFICE ACCOUNT # 3580		
	NAME, LAST (Please Print)		FIRST	M.I.		
	ORDERING PHYSICIAN Dr. Yuna Rapoport					
	BIRTHDATE	M/F	DATE/TIME COLLECTED			PHONE # 212.634.9644
	E-MAIL info@manhattaneyenyc.com					
B I L L I N G	STREET		PHONE #			ADDRESS/SUITE
	CITY	STATE	ZIP			CITY
	INSURANCE CARRIER NAME		ADDRESS			
INSURED NAME		PT RELATIONSHIP TO INSURED <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent			INSURED ID #	
<input type="checkbox"/> MEDICARE #		<input type="checkbox"/> MEDICAID #			<input type="checkbox"/> SELF-PAY	

Requirements:

1. Collect **Only One Nasopharyngeal Swab** in **One Vial** of Universal Transport Medium (UTM) Per Patient for **All** Testing: COVID-19 PCR and / or Molecular Respiratory Viral Testing.
2. **Mandatory Paper Test Form Required** – Otherwise Test Will Be Rejected.

ORDERABLES: COVID19 PCR

<input type="checkbox"/> OUTPATIENT	<input type="checkbox"/> SKILLED NURSING FACILITY / ASSISTED LIVING FACILITY / REHABILITATION CENTER
FACILITY OR OFFICE NAME	FACILITY NAME

SYMPTOMS:

<input type="checkbox"/> FEVER	<input type="checkbox"/> UPPER RESPIRATORY (COUGH / CONGESTION)	<input type="checkbox"/> LOWER RESPIRATORY (S.O.B. / DIFFICULTY BREATHING / COUGH)
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EXPOSURE RISK:

<input type="checkbox"/> CLOSE CONTACT WITH CONFIRMED COVID-19 CASE (LESS THAN 6FT CONTACT FOR > 10 MINUTES)	<input type="checkbox"/> ALL OTHER EXPOSURE TO CONFIRMED COVID-19 CASE (CLUSTERS / CASUAL CONTACT)
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SPECIAL CATEGORIES:

<input type="checkbox"/> NORTHWELL EHS REQUEST FOR CRITICAL HEALTHCARE PERSONNEL	<input checked="" type="checkbox"/> SCHEDULED URGENT SURGERY
<input type="checkbox"/> OB/GYN	<input type="checkbox"/> ONCOLOGY

RESULTS OF TESTS ALREADY PERFORMED:

FLU/RSV: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> PENDING	RVP: <input type="checkbox"/> POSITIVE FOR PATHOGEN _____ <input type="checkbox"/> NO VIRUS IDENTIFIED <input type="checkbox"/> PENDING
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STAT- PLEASE EXPEDITE