Plexision
PERSONALIZED MEDICINE FOR BETTER HEALTH

Plexision
4424 Penn Avenue, Suite 202, Medical Building, Pittsburgh, PA 15224
Phone:1(855)-753-9474 or 1(855)-PLEXISI, Fax: 412-224-2776
State ID: 32485 CLIA ID: 39D2042664

Requisition Form: PlexCOVID-19

Patient Name:

Date of Birth:

Gender: ◯ Male ◯ Female

Ethnicity: ◯ Caucasian ◯ Other

*** Transplant Immunosuppression** ◯ Yes ◯ No

Insurance Details:

Carrier:

Plan Name:

Member ID#:

Group ID#:

Additional Comments, if any:

*If solid organ transplant recipient receiving anti-rejection medications like tacrolimus or steroids or other immunosuppressants, please indicate Yes.

Sample Collection Date:

Time: ◯ AM ◯ PM

Sample Volume:

◯ 3 ml (child) ◯ 5 ml (adult) ◯ Other

(Samples less than 3 ml maybe discarded because results maybe inaccurate)

Sample Container:

Sodium heparin (green top) ☐

Shipping Conditions:

Ambient Temperature ☐

Shipping time (from phlebotomy to delivery)

◯ <30 hours ◯ >30 hours

Physician Ordering Test:

NPI #: **Facility:**

Facility Phone: **Facility Fax:**

Ship to: **Plexision, 4424 Penn Avenue, Suite 202, Medical Building, Pittsburgh, PA 15224**

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