STAMFORD HEALTH
Healing. Reimagined.

Medical Director: Dr. Robert Babkowski
Stamford Health Laboratory
1 Hospital Plaza, Stamford, CT 06904
203-276-7420 (PH) 203-276-7313 (FAX)

Town of New Canaan COVID-19 PCR and IgG Testing REQUISITION FORM

Test Date: ________ **COPY TO: NEWCPH**

Patient Information:

Gender:	☐ Male ☐ Female	Patient DOB:	_ _ / _ _ / _ _ _ _
Patient Last Name:		Patient First Name:	
Address:		**Phone Number:** **e-mail:**	

Provider Information:

Hosp. Requesting Physician (Print):	***Robert C. Babkowski MD FCAP (Stamford Hosp.)***		
Hosp. Physician Signature (Req'd):			
Physician Ph. #	203-276-4067	Physician Fax # for results:	203-276-4173
Your **Personal Primary care provider** information (Name, Phone, & Email)	***Name:*** ***Address:*** ***Phone:*** ***Email:*** ***Fax #:***		
Insurance Carrier Member ID Group number			

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Test Information:

Test(s) Requested:	_x_ COVID-19 PCR and Covid IgG
Diagnosis Codes	**Z20.828, U07.1**
Are you COVID-19 Symptomatic? ________________ Have you been tested for Covid 19 previously?	___ Yes ____ No ____ _____ Yes _____No **If yes, what were the results?** PCR Positive_____ PCR Negative______

- **Return this completed form to nchealth@newcanaanct.gov**
- **Do not call for results. Dr. Babkowski will email results to you**
- **NO PRESCRIPTION REQUIRED FROM YOUR PRIMARY CARE PROVIDER-**
- **Results go to New Canaan Director of Health, State DPH, NC Medical Director, & as required by CGS**
- **Please bring your photo ID and insurance card to the test site**