# CORONAVIRUS DISEASE (COVID-19) SPECIMEN SUBMISSION FORM

## PATIENT INFORMATION

**PATIENT ID** (Chart #, etc.)

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MI</th>
</tr>
</thead>
</table>

**DATE OF BIRTH**

<table>
<thead>
<tr>
<th>COUNTY OF RESIDENCE</th>
<th>SEX (at birth)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female Male</td>
</tr>
</tbody>
</table>

**STREET ADDRESS**

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

**PATIENT PHONE NO.** (optional)

**nCoV ID** (REQUIRED)

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## DATE OF COLLECTION:

**SITE/SOURCE OF SPECIMEN:**

- [ ] Nasopharyngeal
- [ ] Sputum
- [ ] Oropharyngeal (throat)
- [ ] NP/OP

## TEST(S) REQUESTED:

**MOLECULAR**

- [ ] Respiratory Pathogen Panel
- [ ] nCoV-19 qRT-PCR

**Optional Respiratory Specimen Data**

- **Symptom Onset Date:** / /
- **Patient Level of Care:** [ ] Inpatient [ ] Outpatient
- **Was specimen pre-screened using a molecular assay for respiratory pathogens?** [ ] Yes [ ] No
- **What assay was used?**
  - [ ] GenMark ePlex
  - [ ] Luminex VERIGENE®
  - [ ] BioFire FilmArray®
  - [ ] LDT
  - [ ] Hologic Panther Fusion®
  - [ ] Other __________________

**Result:**

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## COMMENTS:

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## OLS USE ONLY

- [ ] UNSAT | Reason:
- [ ] UNRELIABLE | Reason:
- [ ] SATISFACTORY

ACC: DE: CKD: