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## CORONAVIRUS DISEASE (COVID-19) SPECIMEN SUBMISSION FORM

**PLEASE NOTE: Specimens MUST be approved through the Division of Infectious Disease Epidemiology BEFORE submitting for testing. Call 304-558-5358 and speak with the epidemiologist on call.**

### PATIENT INFORMATION

PATIENT ID (Chart #, MRN, etc.) <span style="float: right; font-size: small;">MAX. 17 CHARACTERS</span>		
LAST NAME	FIRST NAME	MI
DATE OF BIRTH	SS# (last 4 only, optional)	
COUNTY OF RESIDENCE	SEX (at birth) <input type="checkbox"/> Female <input type="checkbox"/> Male	
STREET ADDRESS		
CITY	STATE	ZIP
PATIENT PHONE NO. (optional)		
<b>nCoV ID / PUI # (REQUIRED)</b>		

### SUBMITTER INFORMATION

FACILITY NAME		
MAILING ADDRESS		
CITY	STATE	ZIP
COUNTY		
ATTENTION TO		
PHONE NO.		
FAX NO.		

### DATE OF COLLECTION:

#### SOURCE OF SPECIMEN:

<input type="checkbox"/> Nasopharyngeal	<input type="checkbox"/> Sputum
<input type="checkbox"/> Oropharyngeal (throat)	<input type="checkbox"/> NP/OP

#### TEST(S) REQUESTED:

<input type="checkbox"/> Respiratory Pathogen Panel <i>(outbreaks ONLY)</i>
<input type="checkbox"/> nCoV-2019 qRT-PCR

#### SUBMITTED FOR:

<input type="checkbox"/> Diagnostic	<input type="checkbox"/> Surveillance
<input type="checkbox"/> Outbreak Investigation (*complete information below)	

#### REQUIRED OUTBREAK INFORMATION\*

OUTBREAK NUMBER _____	
<input type="checkbox"/> Nursing Home / LTCF	<input type="checkbox"/> Daycare
<input type="checkbox"/> School	<input type="checkbox"/> Other
Is patient? <input type="checkbox"/> Resident/Child <input type="checkbox"/> Staff	

#### REQUIRED PATIENT INFORMATION:

<b>Illness Status</b>	<input type="checkbox"/> Symptomatic	<input type="checkbox"/> Asymptomatic
Symptom Onset Date: ____ / ____ / ____		
Patient Level of Care: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		

#### OPTIONAL RESPIRATORY SPECIMEN DATA:

Was specimen pre-screened using a molecular (PCR, etc.) assay for respiratory pathogens?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, what assay was used?		
<input type="checkbox"/> BioFire FilmArray	<input type="checkbox"/> GenMark ePlex	
<input type="checkbox"/> Luminex VERIGENE	<input type="checkbox"/> Other _____	
Result: _____		

#### COMMENTS:

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<input type="checkbox"/> UNSAT   Reason:	ACC:
<input type="checkbox"/> SATISFACTORY	DE:
	CKD: