



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

#### PATIENT INFORMATION

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

#### DATE OF COLLECTION:

#### SITE/SOURCE OF SPECIMEN:

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

#### TEST(S) REQUESTED:

##### MOLECULAR

|   |
|---|
| <input type="checkbox"/> Respiratory Pathogen Panel |
| <input type="checkbox"/> 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?:

|  |  |
|--|--|
| <input type="checkbox"/> GenMark ePlex           | <input type="checkbox"/> Luminex VERIGENE® |
| <input type="checkbox"/> BioFire FilmArray®      | <input type="checkbox"/> LDT               |
| <input type="checkbox"/> Hologic Panther Fusion® | <input type="checkbox"/> Other _____       |

Result:

COMMENTS:

#### OLS USE ONLY

- UNSAT | Reason:
- UNRELIABLE | Reason:
- SATISFACTORY

ACC:  
DE:  
CKD: