

CORONAVIRUS DISEASE (COVID-19) SPECIMEN SUBMISSION FORM

PATIENT INFORMATION				DATE OF COLLECTION:	
PATIENT ID (Chart #,		MAX.	17 CHARACTERS		
				CITE (COLIDGE OF CDECIMENT	
LAST NAME	FIRST NAME	MI		SITE/SOURCE OF SPECIMEN:	D. Caustina
DATE OF BIRTH		SS# (last 4 only, optic	na/)	□ Nasopharyngeal □ Oropharyngeal (throat)	□ Sputum □ NP/OP
DATE OF BINTH		33# (lust 4 Only, optic	inarj	☐ Oropharyngeal (throat)	□ NP/OP
COUNTY OF RESIDENCE SEX (at birth)			TEST(S) REQUESTED:		
☐ Female ☐ Male				MOLECULAR	
STREET ADDRESS				☐ Respiratory Pathogen Pane	
CITY STATE		ZIP		□ nCoV-19 qRT-PCR	*
37/12					
PATIENT PHONE NO. (optional)				Optional Respiratory Specimen Data	
nCoV ID/PUI (REQUIRED)				Symptom Onset Date: / /	
·				Patient Level of Care: 🗖 Inpa	atient 🚨 Outpatient
				Was specimen pre-screened us	ing a molecular assay for
SUBMITTER INFO	RMATION			respiratory pathogens?	☐ Yes ☐
FACILITY NAME				What assay was used?:	
				☐ GenMark ePlex ☐ Luminex VERIGENE®	
MAILING ADDRESS				☐ BioFire FilmArray® ☐ LDT	
CITY STATE		ZIP		☐ Hologic Panther Fusion®	☐ Other
COUNTY		<u>.</u>		Result:	
ATTENTION TO					
ATTENTION TO					
PHONE NO.					
FAX NO.					
				COMMENTS:	
	OLS USE ONL	Υ			
☐ UNSAT Reason:			C:		
UNRELIABLE Reason: ACC: □ UNRELIABLE Reason: DE:					
D. CATICE A 27222		CK			

■ SATISFACTORY