

COVID-19 (SARS-CoV-2) TEST REQUEST FORM

**LAB USE ONLY
DO NOT MARK**

SUBMISSION INSTRUCTIONS

- Fill out the form as completely and legibly as possible. Attach completed form to outside of specimen container.
- Only include one form per specimen. Additional pages will not be retained by the laboratory.
- Write the patient name and date of birth on the specimen container in case the form and container are separated.
- Forms that are missing, illegible, incomplete, or do not match the information on the specimen container will result in delayed reporting, or rejection of the specimen.
- Specimens should be packaged and transported as a Category B Dangerous Good (UN3373) to comply with current guidelines and avoid legal penalties.
- When sending multiple specimens in the same container, each specimen should be packaged individually within the larger container to avoid cross contamination from leaking specimens.
- Leaking specimens will be rejected. Be sure to close primary specimen container completely.

REPORTING

Submitting Provider/Facility

Facility Name: _____
 Attention: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Fax: _____

Additional copy to:

Facility: _____
 Attention: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Fax: _____

SPECIMEN INFORMATION

Specimen Collection Date (mm/dd/yyyy): _____

Outbreak #: _____

Specimen Type: Nasopharyngeal (NP) Swab Anterior nares swab Mid-turbinate nasal swab Throat Swab NP Aspirate
 Other (call IBL before sending): _____

PATIENT INFORMATION & CONTACT

Last Name: _____ First Name: _____ MI: _____
 Medical Record # (MRN): _____ Date of Birth (mm/dd/yyyy): _____ Sex: M F
 Race: White Black/African American American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander Other
 Ethnicity: Not Hispanic or Latino Hispanic or Latino
 Address: _____
 City: _____ Zip Code: _____ County: _____ Phone: _____
 Is patient a healthcare worker? Yes No Symptomatic? Yes No Date of symptom onset (mm/dd/yyyy): _____
 Was patient hospitalized for this condition? Yes No Does patient reside in a congregate care setting? Yes No
 Was patient admitted to Intensive Care for this condition? Yes No Is patient currently pregnant? Yes No

ADDITIONAL COMMENTS