Intermountain Central Laboratory

2019 NOVEL CORONAVIRUS (SARS-CoV-2, COVID-19) QUALITATIVE PCR PATIENT HISTORY FORM

**** Testing will not be performed without this form. Complete all sections.****

PATIENT INFORMATION

LEGAL NAME	DATE OF BIRTH

ORDERING PROVIDER INFORMATION

PHYSICIAN/APP NAME	ADDRESS	PHONE NUMBER Daytime: After-hours:

CONSULTATION ON ELIGIBILITY FOR TESTING

CONSULTED WITH*	CONSULTANT PHYSICIAN'S NAME	DATE & TIME OF CONSULTATION
☐ SCORE/COVID-19 LINE or ID ☐ OTHER ☐ CONNECT CARE ☐ NONE		

*Vetting criteria with UDOH COVID-19 Testing Evaluation Form (pubredcap.health.utah.gov/surveys/?s=RTMFDYK4TH%22), SCORE Line (801-507-2673), Infectious Disease, or Connect Care (801-442-4457) is encouraged if decision for testing is unclear. Testing will have high priority when recommended by one of these resources. **DO NOT REFER PATIENTS TO THE SCORE LINE.**

CLINICAL INFORMATION

PATIENT LOCATION	SYMPTOMS	EXPOSURE CATEGORY
☐ ICU ☐ Inpatient ☐ SNF/Nursing Home ☐ Emergency Dept ☐ Urgent Care ☐ Connect Care/Drive Through ☐ Clinic ☐ Drive Through (not referred/walkup) ☐ Other:	☐ Severe pneumonia or ARDS ☐ Fever ☐ Cough ☐ Dyspnea ☐ Other: Duration of symptoms:	☐ Close contact with confirmed case of COVID-19 ☐ Travel to high-risk geographic area within 14 days of symptom onset Area(s) visited: ☐ Symptomatic healthcare worker with high-risk exposure ☐ Special populations (e.g., immunocompromised, skilled nursing facility, pregnant women, homeless, etc.) ☐ Close contact with person under investigation for COVID-19 ☐ No known exposure or epidemiologic risk

SPECIMEN INFORMATION**

SPECIMENS COLLECTED	COLLECTION DATE & TIME	COLLECTED BY
☐ Nasopharyngeal swab ☐ Sputum ☐ Endotracheal aspirate ☐ BAL ☐ Other:		

BILLING INFORMATION

☐ Order placed in iCentra ☐ Requisition attached ☐ Encounter face sheet attached

****SPECIMEN REQUIREMENTS**

SPECIMENS	**Nasopharyngeal swab** (Preferred) • Flocked swab in viral transport media (VTM, UTM or M4) **Lower respiratory tract specimens** (If feasible) • BAL, sputum, tracheal aspirate • 1-3 mL • Sterile, preservative-free container **Nasopharyngeal or oropharyngeal aspirates or washes** (Accepted, but not preferred) • 1-3 mL • Sterile, preservative-free container
TRANSPORT	Refrigerated
STABILITY	Room temperature: 4 hours Refrigerated: 3 days Frozen (-70 C): 30 days
UNACCEPTABLE	Nasal or oral specimens
PERFORMED	Daily. NOTE: Patients will be prioritized if the number of orders exceeds testing capacity.

Intermountain Central Lab Use Only: If out-of-network insurance, register as Misc. Ins. for COV19 only.