



### SARS-CoV-2 (virus that causes COVID-19) Testing Requisition

Please make sure the information on the form is legible and complete.

SUBMITTER INFORMATION				PATIENT INFORMATION				
Patient ID Number				PATIENT NAME (Last)		First	MI	Suffix
Submitter (facility that will receive the final report)				County of Residence		Date of Birth		
Street Address				Address				
City	State	Zip		City	State	Zip Code		
Phone Number				Phone Number				
Specimens Submitted (Please only submit one specimen type per patient)				RACE				
<input type="checkbox"/> Nasopharyngeal swab (NP) <input type="checkbox"/> Oropharyngeal swab (OP) <input type="checkbox"/> Nasal mid-turbinate (NMT) <input type="checkbox"/> Anterior nares (NS) swab <input type="checkbox"/> Nasopharyngeal/Oropharyngeal combined swabs (NP/OP)				<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander/ Hawaiian <input type="checkbox"/> White/ Caucasian <input type="checkbox"/> Other				
Test Requested:				ETHNICITY		SEX		
<input type="checkbox"/> SARS Coronavirus 2 Real-Time RT-PCR				<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Collection:								

#### C. Required Epidemiological Information. Answer ALL of the below questions.

1. Is the patient symptomatic as defined by CDC?  No  Yes
2. If yes, what was the Date of Symptom Onset \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)
3. Is the patient hospitalized?  No  Yes  Unknown

## Instructions for Form 1198, SARS-CoV-2 (Virus that causes COVID-19) Testing Requisition

### Purpose

To collect submitter information, patient demographics and specimen information for specimens submitted for SARS-CoV-2 (Virus that causes COVID-19) testing.

### Instructions:

#### **Submitter Information- Left hand side of requisition**

Record all requested information

Patient ID Number: Enter the submitter's patient identification number.

Submitter Name: Enter the submitting facility's full name.

Street Address: Enter the submitting facility's street address

City: Enter the submitting facility's city

State: Enter the submitting facility's state

Zip: Enter the submitting facility's zip code

Phone Number: Enter the submitting facility's phone number

Contact Name: Enter the name of the submitting facility's contact if applicable

Contact: Enter the phone number of the submitting facility's contact if applicable

#### **Patient Information – Right hand of requisition**

**Patient Name-** Enter the patient's LAST NAME, FIRST NAME AND MIDDLE INITIAL in sequence. The spelling of the name on the laboratory slip and the specimen container/tube must be identical. **Name listed must be legal name; DO NOT use nicknames.**

**County of Residence-** Enter the county where the patient currently resides (Hinds, Rankin, etc).

**Date of Birth- Provide** in MM/DD/YY format.

**Address -** Enter the complete address where the patient currently resides.

**City -** Enter the name of the city in which the patient resides.

**State -** Enter the state in which the patient resides

**Zip Code -** Enter the Zip Code of the patient's address.

**Phone Number –** Enter patient's telephone number including area code.

**Specimen Type:** Submit a NP swab and an OP swab for each patient. If patient has a productive cough, submit one Lower Respiratory Specimen in addition to NP and OP swabs. Provide the Date of collection in MM/DD/YY format

**Test Requested:** Check the box by the appropriate test requested.

**Race –** Check the box associated with the patient's race

**Ethnicity-** Check the appropriate box

**Gender-** Check the appropriate box (male or female)

**Required Epidemiological Information:** Respond Yes or No to all questions. Provide all applicable information requested.

**Office Mechanics and Filing** – This form must accompany each patient for whom specimens are submitted to the MSDH Laboratory. A copy should be retained by the submitter as documentation of submission. Test results will be reported via computer generated report and forwarded to the submitter.

**Retention Period** – The MSDH Laboratory will retain the original form in accordance with Clinical Laboratory Improvement Amendments (CLIA) regulations.