



TEST REQUISITION FORM

Patient Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender:  F  M

Race (Circle One):  Cauc  Hisp  NatAm  
 Blk  Asian  Other

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email: \_\_\_\_\_

Is patient pregnant:  Y  N

Date Received \_\_\_\_\_

Lab #: \_\_\_\_\_

Requesting Information

Requesting Physician: \_\_\_\_\_

Date / Time Collected: \_\_\_\_\_

Drawn By (Initials Only): \_\_\_\_\_

Type of specimen: \_\_\_\_\_

Test Requested:

SARS-CoV-2 (Real Time RT-PCR)

INSTRUCTIONS:

1. Collecting the Specimen
2. Refer to Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for 2019 Novel Coronavirus (2019-nCoV) <https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html>
3. Follow specimen collection device manufacturer instructions for proper collection methods.
4. Swab specimens should be collected using only swabs with a synthetic tip, such as nylon or Dacron®, and an aluminum or plastic shaft. Calcium alginate swabs are unacceptable and cotton swabs with wooden shafts are not recommended. Place swabs immediately into sterile tubes.
5. Specimens must be packaged, shipped, and transported according to the current edition of the International Air Transport Association (IATA) Dangerous Goods Regulation. Follow shipping regulations for UN 3373 Biological Substance, Category B when sending potential 2019-nCoV specimens. Store specimens at 2-8°C and ship overnight to laboratory on ice pack.
6. Deliver to Building C-740 or call X-6278 for pick-up
7. Send this Requisition form with specimen or fax to 972-566-2357

Requesting Center: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_



## COVID-19 Screening Form

Patient Name: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Patient's Phone #: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Requesting Physician: \_\_\_\_\_

1. Do you currently work in a Healthcare setting with direct patient contact? \_\_\_\_\_
2. Do you currently have one or more of the following symptoms?
  - \_\_\_\_\_ Fever
  - \_\_\_\_\_ Cough
  - \_\_\_\_\_ Shortness of breath or difficulty breathing
  - \_\_\_\_\_ Fatigue
  - \_\_\_\_\_ Muscle or body ache
  - \_\_\_\_\_ Headache
  - \_\_\_\_\_ New loss of taste or smell
  - \_\_\_\_\_ Sore throat
  - \_\_\_\_\_ Congestion or runny nose
  - \_\_\_\_\_ Nausea or vomiting
  - \_\_\_\_\_ Diarrhea
3. If yes to question 2– When did your symptoms start? \_\_\_\_\_
4. Are you currently pregnant? \_\_\_\_\_
5. Do you currently reside in a congregate (group) care setting such as, but not limited to:
  - \_\_\_\_\_ A nursing home
  - \_\_\_\_\_ A residential care location for people with intellectual and developmental disabilities
  - \_\_\_\_\_ A psychiatric treatment facility
  - \_\_\_\_\_ A group home
  - \_\_\_\_\_ A dormitory
  - \_\_\_\_\_ A board and care home
  - \_\_\_\_\_ A homeless shelter, or
  - \_\_\_\_\_ Foster care setting
6. Have you had a Covid-19 test? \_\_\_\_\_
7. Is the individual hospitalized with confirmed or suspected COVID-19? \_\_\_\_\_
8. If you don't have any symptoms, what is the purpose of testing for COVID-19? \_\_\_\_\_