2019 NOVEL CORONAVIRUS (COVID-19)
PATIENT INFORMATION FORM

PATIENT DEMOGRAPHICS

FIRST NAME: _____ LAST NAME: _____ DATE OF BIRTH: _____/_____/_____

GENDER: M F OTHER UNKNOWN   RACE: _____   ETHNICITY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP:_____

COUNTY: _____   OCCUPATION: _____

PHONE 1 : _____ PHONE 2:_____   EMAIL: _____

REPORTING FACILITY

NAME: _____ PERSON REPORTING: _____ PHONE: _____

SPECIMEN AND CLINICAL INFORMATION

ONSET DATE: _____ SYMPTOMS: _____

COLLECTION DATE: _____ SPECIMEN TYPE: ☐NP ☐OP ☐Nasal (Anterior Nares) ☐ Sputum ☐ BAL Fluid

PLEASE SELECT ALL THAT APPLY BELOW TO DETERMINE TEST PRIORITY

Pre-Surgical/Procedure Testing (any requiring sedation or anesthesia)
☐ Surg 1: Patients needing emergent (same day) surgery or procedure. Limited availability.
☐ Surg 2: Patients needing non-emergent (1+ days) surgery or procedure. Sample must arrive at Aspirus Reference Lab (ARL) >24 hours before surgery.
Tier 1: Aspirus Rapid Test (<2 hours after arrival at ARL)
☐ New hospital admission with new or worsening COVID-19 symptoms.
Tier 2: Aspirus Batch Test (6-8 hours after arrival at ARL)
☐ Current hospitalized patients under suspicion of COVID-19.
☐ Patients needing testing prior to discharge to SNF/LTC/Inpatient Behavioral Health or transferring between healthcare facilities.
☐ Aspirus employees directed for testing by Aspirus Employee Health.
Tier 3: Aspirus Batch Test (<24 hours after arrival at ARL)
☐ Patients with COVID-19 symptoms for whom results are needed to inform infection control practices prior to healthcare treatments (dialysis, oncology, etc.).
☐ Residents of long-term care facilities.
☐ Residents of jails, prisons, homeless shelters or other congregate settings with COVID-19 symptoms or close contact with a confirmed or probable COVID 19 case.
☐ Health care workers or first responders (fire, EMS, police, etc.) with COVID 19 symptoms or close contact with a confirmed or probable COVID 19 case.
☐ Critical Infrastructure workers (utility workers, teachers, school administrators, day care workers, etc.) with COVID 19 symptoms or close contact with a confirmed or probable COVID 19 case.
☐ Requests directly from Public Health for expedited testing (needs prior lab approval).
Tier 4: Tested at an External Lab (3-7 Days)
☐ Any other person or patient with COVID-19 symptoms or close contact with a confirmed or probable COVID-19 case.
☐ Post-mortem testing for a person with COVID-19 symptoms prior to death OR who died of unknown causes AND where results would influence infection control interventions at a facility or inform a public health response.
☐ Any other asymptomatic individuals, including requests for personal travel.