

SARS-CoV-2 (COVID-19) IgG SEROLOGY PATIENT HISTORY FORM

*** Testing will not be performed without this form unless the order is placed in iCentra. Complete all sections. ***

PATIENT INFORMATION		
LEGAL NAME	DATE OF BIRTH	
ORDERING PROVIDER INFORMATION		
PHYSICIAN/APP NAME	ADDRESS	PHONE NUMBERS Daytime: After-hours:
BILLING INFORMATION		
<input type="checkbox"/> Order placed in iCentra <input type="checkbox"/> Requisition attached <input type="checkbox"/> Encounter face sheet attached		
SCREENING CRITERIA		
<i>Current approved indications for serology (check, if applicable):</i> <input type="checkbox"/> Active signs/symptoms AND hospitalized (or being admitted) AND symptom onset ≥8 days ago <input type="checkbox"/> Active signs/symptoms AND symptom onset >14 days ago <input type="checkbox"/> Close contact with confirmed COVID-19 patient >21 days ago <input type="checkbox"/> Resolved, undiagnosed respiratory illness in 2020		
NOTES		
1. After symptom onset, deferring testing for >14 days allows time for seroconversion and increases the likelihood of a positive serology test. 2. After close contact with a confirmed COVID-19 patient, deferring testing for >21 days allows time for viral incubation and seroconversion and increases the likelihood of a positive serology test. 3. Premature testing leads to false negative serology results. 4. Serology testing is not currently recommended for patients with PCR-confirmed COVID-19.		
SPECIMEN INFORMATION**		
SPECIMENS COLLECTED	COLLECTION DATE & TIME	COLLECTED BY

****SPECIMEN REQUIREMENTS**

SPECIMEN	Serum separator tube (SST)
PREPARATION	Separate serum from cells ASAP (preferred) or within 2 hours of collection
TRANSPORT	Refrigerated
STABILITY	Room temperature: 24 hours Refrigerated: 2 weeks Frozen: 1 month
UNACCEPTABLE PERFORMED	Grossly hemolyzed, grossly icteric, or severely lipemic specimens Daily

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

