

Patient Last Name:

Patient First Name:

SS#:

Date of Birth:

UK Medical Record #

Sex:

Ordering Physician:

Patient Location:

Collected by:

Collection Date & Time:

Payer:

Patient must be registered with their UK MRN & Plan Code CSN - Lab Use Requisition Entry with Submitter: Outside Source Exposure

Testing Requested: COVID - SARS CoV2/COVID 19 by PCR**Source:** Nasopharyngeal swab Oropharyngeal swab**Transport Media & Temperature:** Sterile Saline - Room Temperature

UTM/VTM - Cold Pack

1. Is the patient employed in a healthcare setting (EMPHC)?
Yes No Unknown
2. Is this the first COVID-19 test ever (FIRSTT)?
Yes No Unknown
3. Is the patient currently hospitalized for COVID-19 (HOSP)?
Yes No Unknown
4. Is the patient currently in the ICU for COVID-19 (INICU)?
Yes No Unknown
5. COVID patient type (LPTTYP)?
Asymptomatic Symptomatic
6. If symptomatic, date of symptom onset (ONSET)?

7. Is the patient pregnant (PREGNT)?
Yes No Unknown
8. Is the patient in a congregate care/living setting (RESCON)?
Yes No Unknown