

Eastern State Hospital



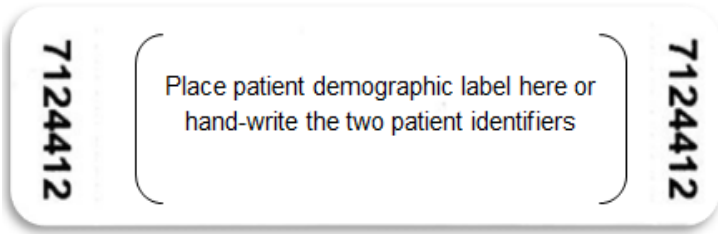
**1350 Bull Lea Road
Lexington, Kentucky 40511**

UKHealthCare Clinical Molecular Microbiology Laboratory
800 Rose Street; HA619
Lexington, KY 40536
Phone: (859) 323-6943
Fax: (859) 257-7696

Section Completed by Eastern State Hospital

ORDERING PROVIDER SIGNATURE _____ **NPI:** _____
Print Provider name: _____ **Contact Phone:** _____
Contact Fax: _____

Patient Demographics:



Patient Name: _____
PATIENT SS#: _____
Date of Birth: _____
Sex: Male Female
Circle One

Test Requested:

<input type="checkbox"/> COVID SARS CoV2/COVID 19	Source: <input type="checkbox"/> NP swab <input type="checkbox"/> OP swab in 3.0mL VTM/UTM/Saline

EASTERN STATE ADMISSIONS COVID ORDER REQUISITION

TO BE USED FOR AFTERHOURS COVID COLLECTION

submitter: EASTERN STATE HOSPITAL

Collection Date and Time: _____ Collected by: _____
To collector: Place labeled swab and fully completed requisition into plastic transport bag
Notify Courier Service for Pick-up
Place both items in lab pick up box in front of security