



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

SYMPTOMS of COVID-19 may include fever, cough, shortness of breath, body or muscle aches, fatigue, and other symptoms.
Pre-Surgical/Procedure Testing (any requiring sedation or anesthesia)
<input type="checkbox"/> Surg 1: Patients needing emergent (same day) surgery or procedure. Limited availability.
<input type="checkbox"/> Surg 2: Patients needing semi-emergent surgery or procedure that must occur in <4 days. Limited availability.
<input type="checkbox"/> Surg 3: Patients needing non-emergent surgery or procedure. Collect swab 4-7 days before procedure. Consult with local laboratory on expected turnaround time of results to guide collection date.
Tier 1: Aspirus Rapid Test
<input type="checkbox"/> New hospital admission with new or worsening COVID-19 symptoms.
Tier 2: Aspirus Batch Test
<input type="checkbox"/> Current hospitalized patients under suspicion of COVID-19.
<input type="checkbox"/> Patients needing testing prior to discharge to SNF/LTC/Inpatient Behavioral Health or transferring between healthcare facilities.
<input type="checkbox"/> Patients with COVID-19 symptoms for whom results are needed to inform infection control practices prior to healthcare treatments (dialysis, oncology, etc.).
<input type="checkbox"/> Residents of long-term care facilities.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> Requests directly from Public Health for expedited testing (needs prior lab approval).
Tier 3: Tested at an External Lab
<input type="checkbox"/> Any other person or patient with COVID-19 symptoms or close contact with a confirmed or probable COVID-19 case.
<input type="checkbox"/> 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.
Tier 4: Tested at an External Lab
<input type="checkbox"/> Any other asymptomatic individuals, including requests for personal travel.