WISCONSIN COVID-19 PATIENT INFORMATION FORM

THIS FORM MAY BE USED TO REPORT SUSPECTED CASES THAT ARE BEING TESTED FOR COVID-19 AND SUSPECT OR PROBABLE CASES WHO ARE DIAGNOSED BASED ON CLINICAL CRITERIA* WITHOUT TESTING

PATIENT DEMOGRAPHICS

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

GENDER: M F OTHER UNKNOWN

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTY: _____

PHONE 1: _____ PHONE 2: _____ EMAIL: _____

REPORTING FACILITY

NAME: _____ PERSON REPORTING: _____ PHONE: _____

SPECIMEN AND CLINICAL INFORMATION

ONSET DATE: _____ SYMPTOMS: _____

☐ ASYMPTOMATIC – *DHS does not recommend testing asymptomatic individuals at this time*

COLLECTION DATE: _____ SPECIMEN TYPE: ☐NP ☐OP ☐NP/OP ☐ SPUTUM ☐ BAL FLUID

***SYMPTOMS OF COVID-19** MAY INCLUDE FEVER, COUGH, SHORTNESS OF BREATH, MYALGIA OR OTHER NONSPECIFIC SYMPTOMS; TESTING DECISIONS FOR PATIENTS WITH MILD ILLNESS SHOULD BE BASED ON CLINICIAN JUDGEMENT*

☐ A: PATIENT IS BEING TESTED AT A **PUBLIC HEALTH LABORATORY**

Specimens may be sent to the Wisconsin State Laboratory of Hygiene or the Milwaukee Health Department Laboratory if they have one of the priority criteria listed below. *If equivalent or more rapid turn-around is available through an in-house or commercial lab providers are encouraged to use these other options.*

Criteria for testing at WSLH or MDHL, please check ALL that apply:

- ☐ Hospitalized patient with COVID-19 symptoms Admit Date: _____
  Please also indicate if the patient is in ICU or on a ventilator*:* ☐ ICU ☐ Ventilator
- ☐ Patient with COVID-19 symptoms for whom rapid diagnosis is needed to inform infection control practices (e.g. labor and delivery, dialysis, aerosol-generating procedures, etc.)
- ☐ Resident of a long-term care facility with COVID-19 symptoms
- ☐ Resident in a jail, prison, or other congregate setting with COVID-19 symptoms
- ☐ Health care worker or first Responder (e.g. fire, EMS, police) with COVID-19 symptoms
- ☐ Essential staff in high consequence congregate settings (e.g. prisons or jails) with COVID-19 symptoms
- ☐ 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

WHEN SUBMITTING SPECIMENS TO THE WSLH AND MHDL, THIS PATIENT INFORMATION FORM MUST BE ACCOMPANIED BY THE APPROPRIATE REQUISITION FORM:

Milwaukee Health Department Laboratory: Microbiology Requisition H-455

Wisconsin State Laboratory of Hygiene: CDD Requisition Form A (#4105)

☐ B: PATIENT IS BEING TESTED AT **ANY OTHER LABORATORY**

Patients that do not qualify for testing at WSLH or MHDL, but for whom testing is being requested by the healthcare provider, should be tested by in-house or commercial laboratories.

Providers should use their clinical judgement and are advised to refer to the CDC Priorities for Testing Patients with Suspected COVID-19 Infection for additional guidance on overall testing priorities.

If the patient is being tested at a lab other than a PHL, but would meet criteria for PHL testing, please indicate the applicable priority criteria above. This information may be of use to public health agencies and other laboratories.

☐ C: PATIENT IS A **SUSPECTED OR PROBABLE CASE** WHO IS NOT BEING TESTED AT THIS TIME

Individuals should be reported as probable cases if they meet either of the criteria below (please check one):

- ☐ An illness with clinically compatible symptoms of COVID-19 infection who was a close contact with a confirmed COVID-19 case, and has no other known etiology for the clinical illness.
- ☐ An illness with clinically compatible symptoms of COVID-19 infection who was a member of a cluster of illnesses where at least one member is a confirmed case, and has no other known etiology for the clinical illness.
- ☐ An illness with clinically compatible symptoms of COVID-19 infection who was a close contact with another probable COVID-19 case, and has no other known etiology for the clinical illness.

Patients being diagnosed with COVID-19 who will not be tested should be reported to the patient's local health department.