

Riverside University Health Systems - Public Health Public Health Laboratory COVID-19 Test Request Form Address: 4065 County Circle Drive Riverside, CA 92503 Phone: (951) 358-5070 Fax: (951) 358-5015 Errin C. Rider, Ph.D., D(ABMM) - Laboratory Director CLIA ID# 05D0571882		PH Laboratory Use Only Website: http://www.rivcolab.org/
<i>If required information (highlighted in red bold below) is included on submitter specimen label place below INSTEAD OF filling out patient information.</i>		
Last Name	Submitting Facility	Date Received:
First Name		
Date of Birth	MRN/2nd Identifier #	Program
Gender: Male Female		Program Contact Person
Street Address	Date of Collection	
	Collection Time	Disease Control Information
City/State/Zip	Date of Onset	PUI #:
	Physician	CalREDIE Number
Diagnosis Code(s) (ICD-10):		
Race: American Indian or Alaska Native, Asian Indian, Other Asian, Black or African American, Chinese, Filipino, Guamanian or Chamorro, Japanese, Korean, Native Hawaiian, Other Pacific Islander, Samoan, Vietnamese, White, Other Race		Ethnicity: Hispanic or Latino, Not Hispanic or Latino
Additional Comments/Information:		
Specimen Source (Required)		
Nasopharyngeal / Oropharyngeal (Combination) Swab <input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Oropharyngeal OP Swab <input type="checkbox"/> Nasal Swab (NS) <input type="checkbox"/> Other: _____ Specimen Type: Extract Original		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> DO NOT SEND OTHER SPECIMENS UNLESS APPROVED BY PUBLIC HEALTH! </div>		
Test to be Performed: CDC SARS-CoV-2 PCR Assay Multiplex Flu A-B/SARS-Cov-2 Assay SARS-CoV-2 Whole Genome Sequencing (COVIDNet)		
Upper Respiratory Specimens		
Nasopharyngeal AND oropharyngeal swab combination: Use a synthetic fiber swab with plastic shaft. Do not use calcium alginate swabs or swabs with wooden shafts. Place swabs in a sterile tube with 2-3 ml of viral transport media. Place both swabs in to the same viral transport media collection tube, choose "Nasopharyngeal/Oropharyngeal (Combination)" as the specimen source. THE NP/OP Combination IS THE PREFERRED SPECIMEN IN ORDER TO GET THE MOST ACCURATE RESULTS.		
Nasopharyngeal (NP) Swab or Oropharyngeal (OP) Swab: Use a synthetic fiber swab with plastic shaft. Do not use calcium alginate swabs or swabs with wooden shafts. Place swab in a sterile tube with 2-3 ml of viral transport media.		
Nasal Swab (NS): Use a single polyester swab with a plastic shaft should be used to sample both nares. Place swab in a sterile tube with 2-3 ml of viral transport media.		
NOTE: • It is imperative that NP and OP swabs are placed in viral transport media, such as ones used to collect specimen NP swabs for influenza testing. • Improper collection, such as placing swabs in bacterial culture media, will void the specimen and delay testing.		
> Specimens should be kept refrigerated at 4°C and sent on cold packs if they can be received by the laboratory within 3 days of the date collected. If samples cannot be received by the laboratory within 3 days, they should be frozen at -70°C or below and shipped on dry ice.		
<i>All patients with suspected COVID-19 infection may also be tested for common causes of respiratory infection and pneumonia as clinically indicated. Testing for other respiratory pathogens should not delay specimen collection for COVID-19 testing.</i>		
Required Submitting Laboratory Results:		
If positive for COVID-19 please indicate: <input type="checkbox"/> Ct Value _____ <input type="checkbox"/> RLU Value _____	Has the patient previously tested positive for COVID-19 within the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, please attach results.	Was this patient tested for other respiratory viruses? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, please attach results.
Required Epidemiologic and Clinical Information (Please attach clinic/hospital notes and laboratory data) Check all that apply		
<input type="checkbox"/> Healthcare worker	<input type="checkbox"/> Patient hospitalized	<input type="checkbox"/> Fever
	<input type="checkbox"/> Patient in the ICU	<input type="checkbox"/> Cough
<input type="checkbox"/> Patient recently traveled outside the country? (Including any Cruises):	<input checked="" type="checkbox"/> Pregnant	<input type="checkbox"/> Sneezing
	<input type="checkbox"/> Fatal case	<input type="checkbox"/> Runny Nose
<input type="checkbox"/> Patient had exposure to person with recent travel outside the country?	Is this specimen(s) for clearance?	<input type="checkbox"/> Dyspnea/ Shortness of Breath
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other (Please describe below)
<input type="checkbox"/> Outbreak setting? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, type of setting: <input type="checkbox"/> School <input type="checkbox"/> Correctional	<input type="checkbox"/> Possible re-infection after 90 days from initial infection with positive molecular test.	
<input type="checkbox"/> Hospital <input type="checkbox"/> Long Term Care Facility		
<input type="checkbox"/> Other:		