

<b>Riverside University Health Systems - Public Health</b> <b>Public Health Laboratory COVID-19 Test Request Form</b>		<b>PH Laboratory Use Only</b>  Website: <a href="http://www.rivcolab.org/">http://www.rivcolab.org/</a>
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		
<i>If required information (highlighted in red bold below) is included on submitter specimen label place below INSTEAD OF filling out patient information.</i>		
<b>Last Name</b>	<b>Submitting Facility</b>	<b>Date Received:</b>
<b>First Name</b>		
<b>Date of Birth</b>	<b>MRN/2nd Identifier #</b>	Program
<b>Gender: Male Female</b>		Program Contact Person
<b>Street Address</b>	<b>Date of Collection</b>	
	<b>Collection Time</b>	<b>Disease Control Information</b>
<b>City/State/Zip</b>	Date of Onset	PUI #:
	<b>Physician</b>	CalREDIE Number
<b>Diagnosis Code(s) (ICD-10):</b>		
<b>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</b>		<b>Ethnicity: Hispanic or Latino, Not Hispanic or Latino</b>
Additional Comments/Information:		
<b>Specimen Source (Required)</b>		
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		
<b>DO NOT SEND OTHER SPECIMENS UNLESS APPROVED BY PUBLIC HEALTH!</b>		
<b>Test to be Performed:</b>		<b>Multiplex Flu A-B/SARS-Cov-2 Assay</b>
<b>SARS-CoV-2 Whole Genome Sequencing (COVIDNet)</b>		
<b>Upper Respiratory Specimens</b>		
<b>Nasopharyngeal AND oropharyngeal swab combination:</b> 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. <b>THE NP/OP Combination IS THE PREFERRED SPECIMEN IN ORDER TO GET THE MOST ACCURATE RESULTS.</b>		
<b>Nasopharyngeal (NP) Swab or Oropharyngeal (OP) Swab:</b> 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.		
<b>Nasal Swab (NS):</b> 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.		
<b>NOTE:</b>		
<ul style="list-style-type: none"> <li>• 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.</li> <li>• Improper collection, such as placing swabs in bacterial culture media, will void the specimen and delay testing.</li> </ul>		
<b>&gt; 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.</b>		
<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>		
<b>Required Submitting Laboratory Results:</b>		
<b>If positive for COVID-19 please indicate:</b> <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.
<b>Required Epidemiologic and Clinical Information (Please attach clinic/hospital notes and laboratory data) Check all that apply</b>		
<input type="checkbox"/> Healthcare worker  <input type="checkbox"/> Patient recently traveled outside the country? (Including any Cruises): _____  <input type="checkbox"/> Patient had exposure to person with recent travel outside the country? _____  <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"/> Hospital <input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Other: _____	<input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient in the ICU <input checked="" type="checkbox"/> <b>Pregnant</b> <input type="checkbox"/> Fatal case  Is this specimen(s) for clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Possible re-infection after 90 days from initial infection with positive molecular test.	<input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Sneezing <input type="checkbox"/> Runny Nose <input type="checkbox"/> Dyspnea/ Shortness of Breath <input type="checkbox"/> Other (Please describe below) _____ _____ _____