

2019 NOVEL CORONAVIRUS (SARS-CoV-2, COVID-19) QUALITATIVE PCR PATIENT HISTORY FORM

*** Testing will not be performed without a patient history. Complete all sections. ***

PATIENT INFORMATION		
LEGAL NAME	DATE OF BIRTH	
ORDERING PROVIDER INFORMATION		
PHYSICIAN/APP NAME	ADDRESS	PHONE NUMBER Daytime: After-hours:
CONSULTATION ON ELIGIBILITY FOR TESTING		
CONSULTED WITH* <input type="checkbox"/> SCORE/COVID-19 Hotline <input type="checkbox"/> Infectious Diseases <input type="checkbox"/> CONNECT CARE <input type="checkbox"/> NONE	CONSULTANT PHYSICIAN'S NAME	DATE & TIME OF CONSULTATION
<p>*It is extremely important to screen patients for testing until there are no further limitations on testing capacity. References to assist with risk assessment include: iCentra order algorithm, SCORE Line (801-50-SCORE – PROVIDERS ONLY), Connect Care (801-442-4457), or the COVID Call Center (844-442-5224). UDOH COVID-19 Testing Evaluation Form may also be useful (pubredcap.health.utah.gov/surveys/?s=RTMFDYK4TH%22). Testing will prioritized to patients who have been evaluated by one of these resources. DO NOT REFER PATIENTS TO THE SCORE LINE.</p>		
CLINICAL INFORMATION		
PATIENT LOCATION	SYMPTOMS	EXPOSURE CATEGORY
<p>High Priority</p> <input type="checkbox"/> ICU <input type="checkbox"/> Inpatient <input type="checkbox"/> SNF/Nursing Home	<input type="checkbox"/> Severe pneumonia/ARDS <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Dyspnea <input type="checkbox"/> Other: Duration of symptoms:	<p>High</p> <input type="checkbox"/> Close contact with confirmed case of COVID-19 <input type="checkbox"/> Travel to high-risk geographic area within 14 days of symptom onset Area(s) visited: <input type="checkbox"/> Symptomatic healthcare worker with high-risk exposure <input type="checkbox"/> Special populations*
<p>Medium Priority</p> <input type="checkbox"/> Emergency Dept <input type="checkbox"/> Urgent Care		<p>Medium</p> <input type="checkbox"/> Close contact with person under investigation for COVID-19
<p>Low Priority</p> <input type="checkbox"/> Connect Care/Drive Through <input type="checkbox"/> Clinic <input type="checkbox"/> Drive Through (not referred/walkup) <input type="checkbox"/> Other:		<p>Low</p> <input type="checkbox"/> No known exposure or epidemiologic risk
<p>*Special populations: Age ≥65, immunocompromised individuals (e.g., transplant recipients, receipt of immunosuppressive drugs, chronic lung disease, hemodialysis, advanced HIV, etc.), pregnant women, people living homeless or in congregant facilities (e.g., dorms, shelters, jails, prisons, skilled nursing facilities, adult family homes, etc.)</p>		
SPECIMEN INFORMATION**		
SPECIMENS COLLECTED <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Sputum <input type="checkbox"/> BAL <input type="checkbox"/> Endotracheal aspirate <input type="checkbox"/> Other:	COLLECTION DATE & TIME	COLLECTED BY
BILLING INFORMATION		
<input type="checkbox"/> Order placed in iCentra <input type="checkbox"/> Requisition attached <input type="checkbox"/> Encounter face sheet attached		

**SPECIMEN REQUIREMENTS

SPECIMENS	<p>Nasopharyngeal swab (Preferred)</p> <ul style="list-style-type: none"> • Flocked swab in viral transport media (VTM, UTM or M4) <p>Lower respiratory tract specimens (If feasible)</p> <ul style="list-style-type: none"> • BAL, sputum, tracheal aspirate • 1-3 mL • Sterile, preservative-free container <p>Nasopharyngeal or oropharyngeal aspirates or washes (Accepted, but not preferred)</p> <ul style="list-style-type: none"> • 1-3 mL • Sterile, preservative-free container
TRANSPORT	Refrigerated
STABILITY	Room temperature: 4 hours; Refrigerated: 3 days; Frozen (-70 C): 30 days
UNACCEPTABLE	Nasal or oral specimens
PERFORMED	Daily. NOTE: Patients will be prioritized if the number of orders exceeds testing capacity.

Intermountain Central Lab Use Only: If out-of-network insurance, register as Misc. Ins. for COV19 only.

