

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

\*\*\* Testing will not be performed without this form. Complete all sections. \*\*\*

<b>PATIENT INFORMATION</b>			
LEGAL NAME		DATE OF BIRTH	
<b>ORDERING PROVIDER INFORMATION</b>			
PHYSICIAN/APP NAME		ADDRESS	PHONE NUMBER Daytime: After-hours:
Provider Signature:			
<b>CONSULTATION ON ELIGIBILITY FOR TESTING</b>			
CONSULTED WITH* <input type="checkbox"/> SCORE/COVID-19 LINE/ID <input type="checkbox"/> OTHER <input type="checkbox"/> CONNECT CARE <input type="checkbox"/> NONE		CONSULTANT PHYSICIAN'S NAME	DATE & TIME OF CONSULTATION
*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 ( <a href="http://pubredcap.health.utah.gov/surveys/?s=RTMFDYK4TH%22">pubredcap.health.utah.gov/surveys/?s=RTMFDYK4TH%22</a> ) may also be useful. Testing will be prioritized to patients who have been evaluated by one of these resources. DO NOT REFER PATIENTS TO THE SCORE LINE.			
<b>CLINICAL INFORMATION</b>			
<b>PATIENT LOCATION</b>	<b>SYMPTOMS</b>	<b>EXPOSURE CATEGORY</b>	
<input type="checkbox"/> ICU <input type="checkbox"/> Inpatient <input type="checkbox"/> SNF/Nursing Home <input type="checkbox"/> Emergency Dept <input type="checkbox"/> Urgent Care <input type="checkbox"/> Connect Care/Drive Through <input type="checkbox"/> Clinic <input type="checkbox"/> Drive Through (not referred/walkup) <input type="checkbox"/> Other:	<input type="checkbox"/> Unexplained ARDS <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Body Aches <input type="checkbox"/> Decreased smell <input type="checkbox"/> Runny/stuffy nose <input type="checkbox"/> Sore Throat <input type="checkbox"/> Diarrhea	<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 (eg. Immunocompromised, skilled nursing facility, pregnant women, homeless, etc) <input type="checkbox"/> Close contact with person under investigation for COVID-19 <input type="checkbox"/> No known exposure or epidemiologic risk	
<b>SPECIMEN INFORMATION**</b>			
SPECIMENS COLLECTED <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Sputum <input type="checkbox"/> Endotracheal aspirate <input type="checkbox"/> BAL <input type="checkbox"/> Other:		COLLECTION DATE & TIME	COLLECTED BY
<b>BILLING INFORMATION</b>			
<input type="checkbox"/> Order placed in iCentra <input type="checkbox"/> Requisition attached <input type="checkbox"/> Encounter face sheet attached			
<b>**SPECIMEN REQUIREMENTS</b>			
<b>SPECIMENS</b>	<u><b>Nasopharyngeal swab</b></u> (Preferred) • Flocked swab in viral transport media (VTM, UTM or M4) <u><b>Lower respiratory tract specimens</b></u> (If feasible) • BAL, sputum, tracheal aspirate • 1-3 mL • Sterile, preservative-free container <u><b>Nasopharyngeal or oropharyngeal aspirates or washes</b></u> (Accepted, but not preferred) • 1-3 mL • Sterile, preservative-free container		
<b>TRANSPORT</b>	Refrigerated		
<b>STABILITY</b>	Room temperature:      4 hours Refrigerated:                3 days Frozen (-70 C):              30 days		
<b>UNACCEPTABLE</b>	Nasal or oral specimens		
<b>PERFORMED</b>	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.***