

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

*** Testing will not be performed without this form. 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 LINE or ID <input type="checkbox"/> CONNECT CARE		CONSULTANT PHYSICIAN'S NAME	DATE & TIME OF CONSULTATION
<input type="checkbox"/> OTHER <input type="checkbox"/> NONE			
*Vetting criteria with UDOH COVID-19 Testing Evaluation Form (pubredcap.health.utah.gov/surveys/?s=RTMFDYK4THN22), SCORE Line (801-507-2673), Infectious Disease, or Connect Care (801-442-4457) is encouraged if decision for testing is unclear. Testing will have high priority when recommended by one of these resources. DO NOT REFER PATIENTS TO THE SCORE LINE.			
CLINICAL INFORMATION			
PATIENT LOCATION	SYMPTOMS	EXPOSURE CATEGORY	
<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"/> Severe pneumonia or ARDS <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Dyspnea <input type="checkbox"/> Other: Duration of symptoms:	<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 (e.g., 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	
SPECIMEN INFORMATION**			
SPECIMENS COLLECTED <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Endotracheal aspirate <input type="checkbox"/> Other:		COLLECTION DATE & TIME	COLLECTED BY
<input type="checkbox"/> Sputum <input type="checkbox"/> BAL			
BILLING INFORMATION			
<input type="checkbox"/> Order placed in iCentra <input type="checkbox"/> Requisition attached <input type="checkbox"/> Encounter face sheet attached			

**SPECIMEN REQUIREMENTS

SPECIMENS	<u>Nasopharyngeal swab</u> (Preferred) <ul style="list-style-type: none"> Flocked swab in viral transport media (VTM, UTM or M4) <u>Lower respiratory tract specimens</u> (if feasible) BAL, sputum, tracheal aspirate 1-3 mL Sterile, preservative-free container <u>Nasopharyngeal or oropharyngeal aspirates or washes</u> (Accepted, but not preferred) <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.