

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*	CONSULTANT PHYSICIAN'S NAME	
<input type="checkbox"/> SCORE/COVID-19 LINE or ID <input type="checkbox"/> OTHER <input type="checkbox"/> CONNECT CARE <input type="checkbox"/> NONE	DATE & TIME OF CONSULTATION	
<p>*Vetting criteria with UDOH COVID-19 Testing Evaluation Form (pubredcap.health.utah.gov/surveys/?s=RTMFDYK4TH%22), SCORE Line (801-507-2673), Infectious Disease, or Connect Care (801-442-4457) is <u>encouraged</u> 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.</p>		
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	COLLECTION DATE & TIME	COLLECTED BY
<input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Sputum <input type="checkbox"/> Endotracheal aspirate <input type="checkbox"/> BAL <input type="checkbox"/> Other:		
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><u>Nasopharyngeal swab</u> (Preferred)</p> <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 <p><u>Nasopharyngeal or oropharyngeal aspirates or washes</u> (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