

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
*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 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
<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:
EXPOSURE CATEGORY	
<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
<input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Sputum <input type="checkbox"/> Endotracheal aspirate <input type="checkbox"/> BAL <input type="checkbox"/> Other:	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><u>Nasopharyngeal swab</u> (Preferred)</p> <ul style="list-style-type: none"> Flocked swab in viral transport media (VTM, UTM or M4) <p><u>Lower respiratory tract specimens</u> (If feasible)</p> <ul style="list-style-type: none"> 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