

*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	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"/> Endotracheal aspirate <input type="checkbox"/> Other: <input type="checkbox"/> Sputum <input type="checkbox"/> BAL		

BILLING INFORMATION

Order placed in iCentra Requisition attached Encounter face sheet attached

**SPECIMEN REQUIREMENTS