



Tennessee Department of Health
Division of Laboratory Services
COVID-19 Submission Requisition

**Place State Lab Accession
Label Here**
(TDH use only)

***Indicates Required Fields**

Final test reports cannot be issued if required information is missing

SPECIMEN COLLECTION INFORMATION

*Last Name:		*First Name:		MI:
*DOB:	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> Other <input type="checkbox"/> Unk		*Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Refused to answer	
*Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (_____) <input type="checkbox"/> Unknown <input type="checkbox"/> Refused to answer				
*Address:			*County of Residence:	
*City:	*State:	*Zip Code:	*Date of Collection:	
*Specimen Type (please check one): <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Nasal <input type="checkbox"/> Oropharyngeal <input type="checkbox"/> Sputum <input type="checkbox"/> Nasal aspirate <input type="checkbox"/> Nasal wash <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Other (please specify) _____				
*Patient Phone Number: ()		Outbreak/Event ID:		PUI ID:

Unlabeled or mislabeled specimens cannot be tested; two distinct identifiers required on each tube.

SUBMITTER INFORMATION

*Submitting Facility:	Patient Medical Record Number:		
*Address:	Phone Number: ()	Fax Number: ()	
*City:	*State:	*Zip Code:	
*Ordering Provider:	*Phone Number: ()	Fax Number: ()	

FINAL REPORT DELIVERY

*Final Report Delivery Same as Submitting Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*If no, Final Report Delivery Entity:	Email:	
*Address:	Phone Number: ()	Fax Number: ()
*City:	*State:	*Zip Code:
Point of Contact:	Phone Number: ()	Fax Number: ()

***TEST REQUESTED**

- COVID-19 RNA PCR
- COVID-19 IgG EIA

ADDITIONAL PATIENT INFORMATION

*First COVID-19 test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	*Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
*Employed in healthcare? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	*Intensive Care Unit (ICU)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
*Symptomatic as defined by CDC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, Date of Symptom Onset: _____ (MM/DD/YYYY)	*Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Resident in a congregate care setting¹? Yes No Unknown

¹Including nursing homes, residential care for people with intellectual and developmental disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care or other setting

LABORATORY FACILITIES

Nashville Laboratory: P.O.Box 305130, Nashville, TN 37230 (USPS) OR 630 Hart Lane, Nashville, TN 37216 (FedEx, UPS, courier delivery) Main Line: (615) 262-6300 Richard Steece, PhD, D(ABMM), Public Health Laboratory Director	Knoxville Regional Laboratory: 2101 Medical Center Way, Knoxville, TN 37920 Main Line: (865) 549-5201 George J. Dizikes, PhD, HCLD/CC (ABB), Public Health Laboratory Director
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