Ohio Regional Testing Laboratories

SARS-CoV-2 Specimen Submission Form

Note: Fields marked with an asterisk (*) must be completed. Please print.
****Approval required prior to submission to ODHL; Contact 614-995-5599****

Section 1: Patient Information

Patient Name* (Last, First, MI) Applegate, David			Date of Birth* (mm/dd/year) 4/22/1988	
Address 123 Main St		County Delaware	Patient Phone* Number (555) 555-1111	
City Columbus	State OH	Zip 12345	Chart or* Patient ID#	
Race* ☑ White ☐ Black / African American ☐ Asian ☐ Native Hawaiian / Pacific Islander ☐ American Indian / Alaskan Native ☐ Other: _____			Ethnicity* ☐ Hispanic ☑ Non-Hispanic	Sex* ☐ Female ☑ Male

Section 2: Submitter Information

Agency* Name HMB			Contact* Name Dave Sadlon
Address 123 Main St			Secure Fax* Number (555) 555-2222
City Columbus	State OH	Zip 12345	Phone* Number (555) 555-3333

Section 3: Specimen Information (Complete all that apply)

Patient* Type ☐ Resident ☐ Staff	First Test? Yes	Symptomatic* No	Onset* Date	Collection* Date 9/18/2020	Pregnant? No
Hospitalized? No ICU? No		Order* Date 9/18/2020	Employed in Healthcare? No	Agent* Suspected SARS-CoV-2	

***Specimen Site**

☑ Blood-Specify (☑ Plasma ☐ Whole)	☐ Respiratory, Upper-Specify Below:		
☐ Body Fluid-Specify Below: ☐ CSF ☐ Other:_____	☐ Nasopharyngeal (NP) swab ☐ Oropharyngeal (OP) swab ☐ Other:		
	☐ Respiratory, Lower-Specify Below:		
☐ Serum-Specify (☐ Acute ☐ Conv.)	☐ Sputum (☐ Induced ☐ Expectorated)	☐ Bronchial Lavage (BAL)	☐ Trachial Aspirate (TA)

Specimen Barcode	*Insurance Information (if applicable)	Ordering Provider Information	
	Name of Insured (Last, First, MI) *if not patient* Apples, Dave	Name of Ordering Provider (Last, First) *if not the Contact* Dave Sadlon	
	Social Security Number: ****-**-2344	Provider NPI 9999999999	Provider Phone (555) 555-3333
	Name of Insurance Company: AETNA CHOICE	Insurance Address P O BOX 2645 City: COLUMBUS Zip: 43216 State: OH	
	Insurance ID Number (*if not SSN*):		
v3.0.0	Group ID Number: 12341234	ODH Facility License #*	ODH Outbreak#

Comments:
test comment

Lab: OSU

For Use by the Ohio Department of Health Laboratory Only

Date Received	**Date Reported**
Fee Due MI	ODH LAB ID
Exemption	