

CRSP SARS-CoV-2 Real-time Reverse Transcriptase (RT)-PCR Diagnostic Assay

Facility code (Broad Use)

FACILITY NAME:

PATIENT INFORMATION (PLEASE PRINT OR AFFIX LABEL - FILL IN ALL FIELDS)		Patient Demographics
FIRST NAME N	MIDDLE NAME	(Required)
LAST NAME		Race: American Indian or Alaska Native Black or African American
DATE OF BIRTH (mm/dd/yyyy)		✓ Native Hawaiian or Pacific Islander✓ Asian
//	SEX: M 🔲 F 🔲 OTHER 🛄	White Other
SPECIMEN COLLECTION DATE AND TIME (mm/dd/yyyy 00:00 AM/PM)		
SWAB TUBE BARCODE LABEL	: AM/PM	Ethnicity: Hispanic or Latino
SWAD TODE DATIOODE EADER		Non-Hispanic or Latino
REQUESTING PHYSICIAN INFORMATION AND AUTHORIZATION		
REQUESTING PHYSICIAN NAME	PHYSICIAN PHONE NO.	Patient is
REQUESTING PHYSICIAN EMAIL		Symptomatic Asymptomatic
REQUESTING PHYSICIAN SECURE FAX #	REQUESTING PHYSICIAN NPI #	.,
T-07 0007050		Staff
SARS-CoV-2 Real-time Reverse Transcriptase (RT)-PCR Diagnostic Assay		Resident \Box
I certify that the patient being tested and/or their legal guardian have been informed of the risks, benefits, and limitations of the testing being ordered. I have obtained informed consent, as required by my own state and/or federal laws. I assume responsibilty for returning the results of the testing to the patient and/or their legal guardian and for ensuring that my patient receives appropriate guidance to understand the implications of		
consistent with those recommended by CRSP.	have been collected, handled, and processed in a manner	
The CRSP SARS-CoV-2 Real-time Reverse Transcript intended for the qualitative detection of nucleic acid from swabs collected from individuals who may have control Sequencing Platform at the Broad Institute which Amendments of 1988 (CLIA), 42 U.S.C. §263a, to perform		

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patient history, and epidemiological information.

Laboratory Director: Heidi Rehm, PhD, FACMG

Commonwealth of Massachusetts Clinical Laboratory License 3306

CLIA: 22D2055652 CAP: 8707596

Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for patient treatment or other patient management decisions. Negative results must be combined with clinical observations,