

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

Facility code (Broad Use)

#### FACILITY NAME: SunnySide Up Nursing Home NHTI ssu PATIENT INFORMATION (PLEASE PRINT OR ARFIX LABEL - FILL IN ALL FIELDS) **Patient Demographics** (Required) MIDDLE NAME FIRST NAME JOHN LAST NAME American Indian or Alaska Native Black or African American SMITH Native Hawaiian or Pacific Islander DATE OF BIRTH (mm/dd/yyyy) SEX: M F OTHER 02/04/301974 White Other SPECIMEN COLLECTION DATE AND TIME (mm/dd/yyyy 00:00 AM/PM) Ethnicity: 0410612020 1:00 AMP Hispanic or Latino Non-Hispanic or Latino REQUESTING PHYSICIAN INFORMATION AND AUTHORIZATION Patient is... PHYSICIAN PHONE NO. REQUESTING PHYSICIAN NAME Michael Mina and Lisa Dobberteen (518) 698 2756 Symptomatic REQUESTING PHYSICIAN EMAIL Asymptomatic 🗗 MJMINA@bwh.harvard.edu REQUESTING PHYSICIAN SECURE FAX # REQUESTING PHYSICIAN NPI # Staff TEST ORDERED Resident SARS-CoV-2 Real-time Reverse Transcriptase (RT)-PCR Diagnostic Assay 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 their test results. Further, I certify that all specimens have been collected, handled, and processed in a manner consistent with those recommended by CRSP. The CRSP SARS-CoV-2 Real-time Reverse Transcriptase (RT)-PCR Diagnostic Assay is a real-time RT-PCR test intended for the qualitative detection of nucleic acid from the SARS-CoV-2 in nasopharyngeal and oropharyngeal swabs collected from individuals who may have contracted the virus. Testing is limited to the Clinical Research Sequencing Platform at the Broad Institute which is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, to perform high complexity tests.

Clinical Research Sequencing Platform, LLC 320 Charles St Cambridge, MA 02141 genomics@broadinstitute.org

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,



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NHTI\_ssu

## FACILITY NAME: SunnySide Up Nursing Home

PATIENT INFORMATION (PLEASE PRINT OR AFFIX LABEL - FILL IN ALL FIELDS)  MIDDLE NAME	Patient Demographics (Required)
LAST NAME  Hanke-  DATE OF BIRTH (mm/dd/yyyy)  2 / 2 / 1 9 / SEX: M F TOTHER  SPECIMEN COLLECTION DATE AND TIME (mm/dd/yyyy 00 00 AM/PM)  Of 1 2 / 2 000 10: 00 AM/PM  SWAB TUBE BARCODE LABEL	Race: American Indian or Alaska Native Black or African American Native Hawaiian or Pacific Islande Asian White Other  Ethnicity: Hispanic or Latino Non-Hispanic or Latino
REQUESTING PHYSICIAN INFORMATION AND AUTHORIZATION  REQUESTING PHYSICIAN NAME PHYSICIAN PHONE NO  Michael Mina and Lisa Dobberteen (518) 698 2756  REQUESTING PHYSICIAN EMAIL  MJMINA@bwh.harvard.edu  REQUESTING PHYSICIAN SECURE FAX # REQUESTING PHYSICIAN NPI #	Patient is  Symptomatic  Asymptomatic
SARS-CoV-2 Real-time Reverse Transcriptase (RT)-PCR Diagnostic Assay  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 their test results. Further, I certify that all specimens have been collected, handled, and processed in a manner consistent with those recommended by CRSP.  The CRSP SARS-CoV-2 Real-time Reverse Transcriptase (RT)-PCR Diagnostic Assay is a real-time RT-PCR test	Staff  Resident
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Information for Patients and Providers please visit: https://covid-19-test-info.broadinstitute.org/#assay-fact-sheets



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PATIENT (PLEASE PRINT OR AFF	INFORMATION IX LABEL - FILL IN ALL FIELDS)	Patient Demographics
FIRST NAME MI	DDLE NAME	(Required)
DATE OF BIRTH (mm/dd/yyyy)  O [ / O ( / ( 9 0 0 ))  SPECIMEN COLLECTION DATE AND TIME (mm/dd/yyyy 00.00 AM/PM)  O ( / 1 5 / 2 0 2 0)  SWAB TUBE BARCODE LABEL	SEX: M F OTHER -	Race: American Indian or Alaska Native Black or African American Native Hawaiian or Pacific Islande Asian White Other  Ethnicity: Hispanic or Latino Non-Hispanic or Latino
REQUESTING PHYSICIAN INFO	RMATION AND AUTHORIZATION	Patient is
REQUESTING PHYSICIAN NAME	PHYSICIAN PHONE NO.	Patient is
Michael Mina and Lisa Dobberteen REQUESTING PHYSICIAN EMAIL	(518) 698 2756	Symptomatic  Asymptomatic
MJMINA@bwh.harvard.edu REQUESTING PHYSICIAN SECURE FAX #	REQUESTING PHYSICIAN NPI #	Asymptomatic   Stoff
TEST ORDERED SARS-CoV-2 Real-time Reverse Tra	nscriptase (RT)-PCR Diagnostic Assay	Staff UREsident URESIDENT
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