CENTRAL DISTRICT HEALTH COVID-19

STATE LAB SPECIMEN REPORTING FORM

Please complete form and fax to **208-327-7100** if COVID-19 specimen is being sent to **Idaho Bureau of Laboratories (IBL)** for Ada, Boise, Elmore, or Valley County resident. **Note, IBL clinical test request form must accompany specimen.**

Collection Date:	**Date Shipping to IBL:**
Patient Name (Full):	**DOB:**
Address:	
Phone:	
Ordering Facility:	
Ordering Provider:	
Phone:	
Symptoms include fever, cough, or shortness of breath ❑ Yes ❑ No	
Rapid flu result: ❑ Positive ❑ Negative ❑ N/A **Rapid respiratory panel result: ❑ N/A ❑ Negative** **❑ Positive Result** _____ **Additional Comments:** _____ **Does the patient meet any of the following:** **❑ Close contact with <u>confirmed</u> COVID-19 case** **❑ Recent travel to area with widespread COVID-19 community transmission** **❑ Severe respiratory illness with unknown cause (e.g., pneumonia, admitted for illness)** **❑ Reside in long term care or other congregate living facility** **❑ Healthcare worker**	