

# 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.**

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

