

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.**

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|---|------------------------------|
| Collection Date: | Date Shipping to IBL: |
| Patient Name (Full): | DOB: |
| Address: | |
| Phone: | |
| Ordering Facility: | |
| Ordering Provider: | |
| Contact for Questions: | Phone: |
| <p>Does the patient have symptoms consistent with COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">NOTE: SPECIMENS FROM ASYMPTOMATIC PATIENTS CANNOT BE PROCESSED AT IBL</p> | |
| <p>Patients MUST meet at least one of the following for testing at IBL (CDC 1, 2, and Idaho public health priority groups):</p> <p>High Priority Groups</p> <p><input type="checkbox"/> Hospitalized</p> <p><input type="checkbox"/> Symptomatic Healthcare worker</p> <p><input type="checkbox"/> Symptomatic resident in long term care or other congregate living facility</p> <p><input type="checkbox"/> Severe respiratory illness of no known cause (e.g., pneumonia)</p> <p>Routine Priority Specimen</p> <p><input type="checkbox"/> Symptomatic patient ≥ 65 years of age</p> <p><input type="checkbox"/> Symptomatic patient at high risk of severe disease</p> <p><input type="checkbox"/> Symptomatic first responder</p> | |