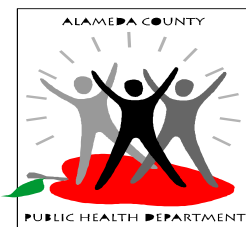


ALAMEDA COUNTY PUBLIC HEALTH LABORATORY  
 2901 Peralta Oaks Ct, 2nd Floor  
 OAKLAND, CA 94605  
 CLIA NO.: 05D2090025  
 Mark W. Pandori, Ph.D. HCLD(ABB), Laboratory Director  
 (510) 382-4300 / FAX (510) 382-4333



LABORATORY USE ONLY

Lab Number \_\_\_\_\_ Date/Time \_\_\_\_\_

### COVID-19 Test Request Form

**BOLD FIELDS ARE MANDATORY FOR SPECIMEN TESTING**

**PATIENT INFORMATION** **SUBMITTER INFORMATION**

Med.Rec.No.: \_\_\_\_\_ **CDC COVID ID #** \_\_\_\_\_ **Health Care Facility Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Sex/ETH:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Ordering Clinician:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_ **Ordering clinician tel. number:** \_\_\_\_\_

**ICD-10 CODE(S) / DIAGNOSIS:** \_\_\_\_\_ **Laboratory tel. number:** \_\_\_\_\_ **Laboratory fax number:** \_\_\_\_\_

**SPECIMEN INFORMATION**

**DATE SPECIMEN TAKEN:** \_\_\_\_\_

**TIME TAKEN:** \_\_\_\_\_ **PREGNANCY STATUS:** \_\_\_\_\_

**SPECIMEN SOURCE:**  NP Swab **PATIENT HISTORY:** \_\_\_\_\_

Sputum **DATE OF ONSET:** \_\_\_\_\_

Tracheal Aspirate \_\_\_\_\_

Other \_\_\_\_\_

**TESTING ORDERED**

**NAAT (nucleic acid amplification)-PCR**

COVID-19

Influenza A/B

Respiratory Syncytial Virus (RSV)

**OTHER TESTS / REQUESTS:**

\_\_\_\_\_