

# 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>Contact for Questions:</b>	<b>Phone:</b>
<p>Does the patient have symptoms consistent with COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>NOTE: SPECIMENS FROM ASYMPTOMATIC PATIENTS CANNOT BE PROCESSED AT IBL</b></p>	
<p><b>Patients MUST meet at least one of the following for testing at IBL (CDC 1, 2, and Idaho public health priority groups):</b></p> <p><b>High Priority Groups</b></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><b>Routine Priority Specimen</b></p> <p><input type="checkbox"/> Symptomatic patient <math>\geq 65</math> 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>	