

ACCOUNT

COVID-19 NASAL/NASOPHARYNX REQUISITION

PHYSICIANS

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			PATIEN	T					
COMMENTS									
LAST NAME	NAME FIRST NAME								
STREET							APT.#		
СІТҮ				STATE	ZIP	DATE OF BIRTH MM DD YYYY	AGE GENDER		
PATIENT PHONE NO. PATIENT EMAIL COLLECTED (DATE/TIME)							E) □ AM □ PM		
RACE Caucasian Unknown ETHNICITY	African American Other:	n Asian Native American Pacific Islander/Hawaiian							
Hispanic	Non-Hispanic or Latin	0							
			ASOPHARY			nonhari (n)			

IMPORTANT: Please be advised that when submitting specimen for testing, it MUST be received in 3 mL of universal or viral transport media (UTM/VTM), Roche cobas® PCR Media, liquid Amies media, or saline. Volumes lower than 3 mL increase the risk of Invalid results or Quantity Not Sufficient (QNS).

For vials that contain less than 3 mL of media (e.g. e-Swabs), you will need to add normal saline to bring the media volume to 3 mL in the vial before sending in for testing.