Oregon State Public Health Laboratory
COVID-19 and Influenza Test Request Form‡

- Required fields are marked with an asterisk (*). **Failure to complete these fields will delay testing**.
- **Specimens must be labeled with specimen source and two unique patient IDs (full name, DOB, MRN).**

***Patient Name:** _____
Last First Middle Initial

***Date of Birth:** _____ ***Sex:** _____ **MRN:** _____
MM/DD/YYYY

***Race:** ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Other ☐ Unknown ☐ Declined

***Ethnicity:** ☐ Hispanic ☐ Not Hispanic ☐ Unknown ☐ Declined

Patient Address: _____
Street City State Zip

Patient Phone Number: _____

***County of Residence:** _____ **Outbreak #:** _____ **Study ID:** _____

***Submitting Facility:** _____
Name & Address

Facility Phone: _____

Facility Fax: _____

***Ordering Clinician:** _____

***Facility Contact:** _____ _____
Name Phone

***Date of Collection:** _____ _____
MM/DD/YYYY Time AM / PM

***Specimen Source:** ☐ Nasopharyngeal (NP) ☐ Nasal ☐ Oropharyngeal (OP) ☐ Other: _____

***State of Illness:**
☐ Symptomatic?
Illness Onset Date: _____
☐ Asymptomatic?

***Is this the patient's first test for COVID-19?**
☐ Yes ☐ No ☐ Unknown

***Is the patient vaccinated against COVID-19?**
☐ Yes ☐ No ☐ Unknown

If submitting known positive specimens, provide Ct value for each assay target. (insert below or attach)

***Indicate group (if applicable):**
☐ Not applicable
☐ Deceased / Autopsy
☐ Farm Worker
☐ Food Processing Facility / Food Handler
☐ Group Living – Staff
☐ Group Living – Resident
☐ Healthcare Worker – direct patient contact
☐ Hospitalized – ICU
☐ Hospitalized – not ICU
☐ Pregnant
☐ Unhoused / Homeless
☐ Other: _____

Please contact the Oregon State Public Health Laboratory with questions at (503) 693-4100.

‡ During the COVID-19 public health emergency, OSPHL is permitted to perform reflex SARS-CoV-2 and Influenza A/B tests without a clinician order. Specimens positive for SARS-CoV-2 may be sequenced if they are approved for or meet the criteria for sequencing. See the OSPHL Test Menu for more information at www.healthoregon.org/labtests.