Respiratory Surveillance Requisition Line List - Specimens to OSPHL

Label Specimen with 2 Unique Patient IDs listed below.

Submitting Facility & Address (no abbreviations): _____

Required fields are marked with an asterisk (*). Note: Bag specimens individually to protect from leaking specimens

	Patient Demographics 1. Two unique IDs on patient specimen must match exactly. (full name, DOB, MRN) 2. For de-identified specimens (SARS-CoV-2 ONLY), enter First Name: "Surveillance," Last Name: Unique ID , DOB: 11/11/1911						Specimen/Order Information			
	* Full First Name	* Full Last Name	* Date of Birth	* Sex / Gender	MRN	County of Residence	Study ID	* Ordering Clinician (optional for SARS-CoV-2)	* Date of Collection	* Specimen Source
1							FLU-SURV SC2-SURV			
2							FLU-SURV SC2-SURV			
3							FLU-SURV SC2-SURV			
4							FLU-SURV SC2-SURV			
5							FLU-SURV SC2-SURV			
6							FLU-SURV SC2-SURV			
7							FLU-SURV SC2-SURV			

For OSPHL Use:

Test Order - SC2 FLU: CDC Influenza & SARS-CoV-2 Multiplex RT-PCR

Date of Birth, for de-identified specimens: 11/11/1911

County of Residence, if blank: Enter "Unknown"

Ordering Clinician (if not provided): Dr. Melissa Sutton