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| <input type="checkbox"/> Bay | <input type="checkbox"/> Caro | <input type="checkbox"/> Central | <input type="checkbox"/> Flint | <input type="checkbox"/> Lansing | <input type="checkbox"/> Lapeer | <input type="checkbox"/> Macomb |
| <input type="checkbox"/> Northern | <input type="checkbox"/> Oakland | <input type="checkbox"/> Port Huron | <input type="checkbox"/> St. Luke's | <input type="checkbox"/> Thumb Region | | |

COVID-19 Testing Order

This form may be used for COVID-19 to fulfill patient testing requirements mandated by the COVID-19 Pandemic Response, Laboratory Data Reporting: CARES Act Section 18115; June 4, 2020.

Patient Name: _____ DOB: _____

Ordering Physician: _____ Phone: _____ Fax: _____

Copy to: _____ Fax: _____

Bill to: _____ (Include copies of Insurance Information)

Signs and/or symptoms:

Test: **PCR for COVID-19**

Specimen: Bilateral anterior nares swab
 Single nasopharyngeal swab

Ask at Order Entry Questions:

Is this the first test for COVID-19? _____ Yes _____ No _____ Unknown

Is the patient a Healthcare worker? _____ Yes _____ No _____ Unknown

Does the patient have symptoms related to COVID-19? _____ Yes _____ No _____ Unknown

If symptomatic what was the date of onset? Date: _____

Did the infection require hospitalization? _____ Yes _____ No _____ Unknown

Was the patient admitted to ICU unit for COVID-19? _____ Yes _____ No _____ Unknown

Does the patient reside in a congregate care setting? _____ Yes _____ No _____ Unknown

Is the patient pregnant? _____ Yes _____ No _____ Unknown

Collection Date: _____ Collection Time: _____ Collector Name: _____

Ordering provider signature: _____ Date: _____