# 2019 NOVEL CORONAVIRUS (COVID-19)
# PATIENT INFORMATION FORM

## PATIENT DEMOGRAPHICS

FIRST NAME: _____ LAST NAME: _____ DATE OF BIRTH: _____/_____/_____

GENDER: M F OTHER UNKNOWN          RACE: _____          ETHNICITY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP:_____

COUNTY: _____          OCCUPATION: _____

PHONE 1 : _____ PHONE 2:_____          EMAIL: _____

## REPORTING FACILITY

NAME: _____ PERSON REPORTING: _____ PHONE: _____

## SPECIMEN AND CLINICAL INFORMATION

ONSET DATE: _____ SYMPTOMS: _____

COLLECTION DATE:   _____ SPECIMEN TYPE: ☐NP  ☐OP  ☐Nasal (Anterior Nares)  ☐ Sputum  ☐ BAL Fluid

## PLEASE SELECT ALL THAT APPLY BELOW TO DETERMINE TEST PRIORITY

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| **Pre-Surgical/Procedure Testing (any requiring sedation or anesthesia)** |
| ☐ Surg 1: Patients needing emergent (same day) surgery or procedure. Limited availability. |
| ☐ Surg 2: Patients needing non-emergent (1+ days) surgery or procedure. Sample must arrive at Aspirus Reference Lab (ARL) >24 hours before surgery. |
| **Tier 1: Aspirus Rapid Test (<2 hours after arrival at ARL)** |
| ☐ New hospital admission with new or worsening COVID-19 symptoms. |
| **Tier 2: Aspirus Batch Test (6-8 hours after arrival at ARL)** |
| ☐ Current hospitalized patients under suspicion of COVID-19. |
| ☐ Patients needing testing prior to discharge to SNF/LTC/Inpatient Behavioral Health or transferring between healthcare facilities. |
| ☐ Aspirus employees directed for testing by Aspirus Employee Health. |
| **Tier 3: Aspirus Batch Test (<24 hours after arrival at ARL)** |
| ☐ Patients with COVID-19 symptoms for whom results are needed to inform infection control practices prior to healthcare treatments (dialysis, oncology, etc.). |
| ☐ Residents of long-term care facilities. |
| ☐ Residents of jails, prisons, homeless shelters or other congregate settings with COVID-19 symptoms or close contact with a confirmed or probable COVID 19 case. |
| ☐ Health care workers or first responders (fire, EMS, police, etc.) with COVID 19 symptoms or close contact with a confirmed or probable COVID 19 case. |
| ☐ Critical Infrastructure workers (utility workers, teachers, school administrators, day care workers, etc.) with COVID 19 symptoms or close contact with a confirmed or probable COVID 19 case. |
| ☐ Requests directly from Public Health for expedited testing (needs prior lab approval). |
| **Tier 4: Aspirus Batch Test (<36 hours after arrival at ARL)** |
| ☐ Any other person or patient with COVID-19 symptoms or close contact with a confirmed or probable COVID-19 case. |
| ☐ Post-mortem testing for a person with COVID-19 symptoms prior to death OR who died of unknown causes AND where results would influence infection control interventions at a facility or inform a public health response. |
| ☐ Any other asymptomatic individuals, including requests for personal travel. |