



Northwell Health Laboratories
450 Lakeville Road, Lake Success, NY 11042 | (516) 719-1100



HOSPITAL/ER - COVID-19 PCR Mandatory Test Requisition Form

<h3>Place Large Laboratory Label Here</h3>				ORDERING PROVIDER:					
				RESULTS CONTACT PHONE #:					
				RACE: (Check All That Apply)			ETHNICITY:		
				<input type="checkbox"/> Black or African-American	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic			
				<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Non-Hispanic			
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown							
PATIENT OCCUPATION		EMPLOYER NAME		EMPLOYEE IN HEALTHCARE WITH DIRECT PATIENT CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
EMPLOYER STREET ADDRESS		EMPLOYER PHONE #		IF YES PROVIDE TITLE					
EMPLOYER CITY	EMP.STATE	EMP. ZIP CODE	EMPLOYER COUNTY	PREGNANCY STATUS (IF APPLICABLE) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NA					

EXPOSURE RISK:

<input type="checkbox"/> CLOSE CONTACT WITH CONFIRMED COVID-19 CASE (LESS THAN 6FT CONTACT FOR > 10 MINUTES)
<input type="checkbox"/> ALL OTHER EXPOSURE TO CONFIRMED COVID-19 CASE (CLUSTERS / CASUAL CONTACT)

CLINICAL PRESENTATION / EPIDEMIOLOGIC RISK:

<input type="checkbox"/> SCREENING <input type="checkbox"/> SCHOOL SCREEN	<input type="checkbox"/> ASYMPTOMATIC	<input type="checkbox"/> SYMPTOMATIC WITH FLU LIKE SYMPTOMS / DATE: _____	<input type="checkbox"/> SYMPTOMATIC OTHER DATE: _____
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DISPOSITION:

<input type="checkbox"/> ED TREATMENT & RELEASE	<input type="checkbox"/> HOSPITAL DISCHARGED	<input type="checkbox"/> FLOOR ADMISSION	<input type="checkbox"/> ICU ADMISSION	<input type="checkbox"/> ISOLATION
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SPECIAL CATEGORIES:

<input type="checkbox"/> NORTHWELL EHS REQUEST FOR CRITICAL HEALTHCARE PERSONNEL / ESSENTIAL WORKER / FIRST RESPONDER	<input type="checkbox"/> HOSPITAL DISCHARGE TO SKILLED NURSING FACILITY / HOSPICE CARE	<input type="checkbox"/> HIGH RISK PATIENT REPEAT TEST		
<input type="checkbox"/> SURGERY DATE: _____	<input type="checkbox"/> OB - PRE-DELIVERY DATE: _____	<input type="checkbox"/> PRE-PROCEDURE DATE: _____	<input type="checkbox"/> ONCOLOGY / PRE-TREATMENT	<input type="checkbox"/> CLINICAL TRIAL

REQUIREMENTS:

- Collect **Only One Nasopharyngeal Swab in One Vial** of Universal Transport Medium (UTM) Per Patient for **All** Testing:
 - COVID19 PCR COVID19 PCR & FLU A/B/RSV PCR RVP INCLUDING COVID19 PCR.
- For intubated patients, an endotracheal sputum for COVID-19 is acceptable.
- Mandatory Paper Test Form Required** – Otherwise Test Will Be **Rejected**.