



Oklahoma State Department of Health

Public Health Laboratory

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Laboratory Director:

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CLIA #: 37D0656594

COVID-19 Testing and Screening Form

Please, PRINT; *indicates required fields

Patient Information

Name* (last) _____ (first) _____ (initial) _____ DOB* ____ / ____ / ____

Address _____ *Phone # () _____

City _____ State _____ Zip _____ Sex:* ☐ M ☐ F

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Unknown

Race: ☐ White ☐ Black/African Amer. ☐ Asian ☐ Amer. Indian/Alaska Native ☐ Pacific Islander

☐ Other:

Submitter Information

Practitioner Name* (last) Crawford (first) Steven (initial) _____ NPI 1790753614

Facility Name* OSCTR-OSCTI Phone # (405) 271-3480 - Fax # (405) 271-3481

Address* 1000 N. Lincoln Blvd. Suite 2100 City* Oklahoma City State OK Zip* 73104

Specimen Information

Collection Date (mm-dd-yyyy)* ____ / ____ / ____ Time (hour:minute) _____ AM / PM By _____

Source/Type*(check one only)

- ☒ Nasopharyngeal Swab ☐ Nasal Swab ☐ Nasal Mid-turbinate Swab ☐ Oropharyngeal Swab
☐ Nasal wash ☐ Tracheal aspirate ☐ BAL ☐ Sputum ☐ Other (specify): _____

Symptoms and Associated Risk Factors

- ☐ **Healthcare worker** having close contact[‡] with a laboratory-confirmed COVID-19 patient or suspect COVID-19 patient with pending laboratory testing within last 14 days
☐ Symptomatic ☐ Asymptomatic

- ☐ **Resident or staff in a congregate living facility** (e.g., long-term care, prison/jail, homeless shelter)
☐ Symptomatic ☐ Asymptomatic

- ☐ **Hospitalized individual** seeking testing for discharge to a long-term care/nursing facility

- ☐ **Other Symptomatic individual** with fever of 100.4°F or higher **AND** signs/symptoms of acute respiratory illness (e.g., cough, shortness of breath), chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste and smell. Other symptomatic individuals must also meet **at least one** of the risk factors indicated below to qualify for testing:

☐ ≥ 65 years old

☐ Immunocompromised or with chronic medical condition (e.g., diabetes, heart disease, on immuno-suppressive medications, chronic lung disease, receiving dialysis, chronic kidney disease, etc.)

☐ Close contact[‡] with a laboratory-confirmed COVID-19 patient or suspect COVID-19 patient with pending laboratory testing within 14 days of symptom onset

[‡] "Close contact" is defined as:

- Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case OR
- Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended PPE