

Date Received in Laboratory

COVID-19 (SARS-COV-2) SEQUENCING REQUISITION

Michigan Department of Health and Human Services

Bureau of Laboratories (BOL)

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Fax: 517-335-9871 Web: www.michigan.gov/mdhhs/lab

Print in UPPERCASE using dark pen

SUBMITTER INFORMATION

Submitter Information
(Printed, Typed or
Stamped)

Agency Code (If Known)

Grid for Agency Code (6 boxes)

Telephone

Grid for Telephone (12 boxes)

Fax

Grid for Fax (12 boxes)

PATIENT/SPECIMEN INFORMATION (COMPLETE ALL FIELDS)

MDHHS Specimen # 1 Date Collected City

Patient Name (Last, First) Specimen Source Date of Birth Sex Male Female

Race American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other

MDHHS Specimen # 2 Date Collected City

Patient Name (Last, First) Specimen Source Date of Birth Sex Male Female

Race American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other

MDHHS Specimen # 3 Date Collected City

Patient Name (Last, First) Specimen Source Date of Birth Sex Male Female

Race American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other

MDHHS Specimen # 4 Date Collected City

Patient Name (Last, First) Specimen Source Date of Birth Sex Male Female

Race American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other

MDHHS Specimen # 5	Date Collected	City		
Patient Name (Last, First)	Specimen Source	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other				
MDHHS Specimen # 6	Date Collected	City		
Patient Name (Last, First)	Specimen Source	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other				
MDHHS Specimen # 7	Date Collected	City		
Patient Name (Last, First)	Specimen Source	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other				
MDHHS Specimen # 8	Date Collected	City		
Patient Name (Last, First)	Specimen Source	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other				
MDHHS Specimen # 9	Date Collected	City		
Patient Name (Last, First)	Specimen Source	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other				
MDHHS Specimen # 10	Date Collected	City		
Patient Name (Last, First)	Specimen Source	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other				
The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender, identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.				
By Authority of Act 368, P.A. 1978				