

Date Received in Laboratory

Laboratory Specimen Number

### COVID-19 (SARS-COV-2) MOLECULAR DETECTION

Michigan Department of Health and Human Services

Bureau of Laboratories

PO Box 30035 3350 North Martin Luther King Jr. Blvd. Lansing, MI 48909

Laboratory Records: 517-335-8059 Technical Information: 517-335-8067

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

Print in UPPERCASE using dark pen

More Detailed Definitions/Explanations on page 2.

#### SUBMITTER INFORMATION

Submitter Information  
(Printed, Typed or  
Stamped)

Agency Code (If Known)

Grid for Agency Code

Telephone

Grid for Telephone

Fax

Grid for Fax

Contact Person/Ordering Physician/Provider Name

Grid for Contact Person Name

National Provider Identifier #

Grid for National Provider Identifier

#### PATIENT INFORMATION (Complete all fields)

Name (Last, First, M.I.)

Grid for Name

Address

Grid for Address

Apt. #

Grid for Apartment Number

City

Grid for City

State

Grid for State

Zip

Grid for Zip

Phone Number

Grid for Phone Number

Submitter Patient # (if applicable)

Grid for Submitter Patient #

Symptomatic

Yes  No

Sex

Male  
 Female

Race

American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or other Pacific Islander  White  Other

Ethnicity

Hispanic or Latino  Unknown  
 Not Hispanic or Latino

Date of Birth (MM-DD-YYYY)

Grid for Date of Birth

Pregnant (if known)

Yes  No

#### SPECIMEN INFORMATION (Complete all fields)

Onset Date (MM-DD-YYYY)

Grid for Onset Date

Submitter Specimen #

Grid for Submitter Specimen #

Collection Date (MM-DD-YYYY)

Grid for Collection Date

Collection Time (Military)

Grid for Collection Time

Specimen Source

Nasopharyngeal  Oral pharyngeal  Nasal  
 Sputum  Bronchial Wash

Reason for Testing

Diagnosis  Surveillance

## DEFINITIONS/EXPLANATIONS

**RETURN RESULTS TO:** Name and address of your institution (hospital, clinic, health department, state agency, etc.). Please include phone number and fax number.

**PROVIDER:** Name of the physician or provider authorized to order testing

**NATIONAL PROVIDER IDENTIFIER (NPI):** The NPI is a unique identification number for covered health care providers, must match with the name of the ordering party.

**LABORATORY SPECIMEN NUMBER:** For MDHHS Laboratory Use Only

**DATE COLLECTED:** The date (MM/DD/YYYY) that the specimen was collected from the patient.

**SPECIMEN SOURCE:** Type of collection performed

**PATIENT NAME:** Patient's name (first and last). Must match specimen label exactly.

**DATE OF BIRTH:** Patient's date of birth (MM/DD/YYYY). Must match the specimen label exactly.

**SEX:** Mark the current biological sex of the patient. This may differ from gender or gender identity of patient.

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By Authority of Act 368, P.A. 1978
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