



COVID-19 Specimen Intake Form

Please fax completed form and attach clinical notes and any lab tests used for diagnosis and/or follow up to 909-387-6377.
If you have any additional questions or concerns, please call the Communicable Disease Section at (800) 722-4794

Patient Details		MRN:
Full Name:	Age:	Date of Birth:
Address:	Homeless	Pregnant: Yes No Unk
Primary Phone Number:	Home Cell	Gender: M F MTF FTM
Primary Language:	Interpreter Required: Yes No	
Occupation:	Height and Weight:	
Clinical Details		
Is the patient currently experiencing any of the following symptoms: Fever (>100.4°F/37°C) Cough Productive Cough Shortness of breath NOTE: Fever present in 86% of even mild cases and cough present in 71% of even mild cases (Li K et al 2020)	Is the patient Currently hospitalized? Yes No Is the patient in an ICU setting due to ARDS? Yes No Does the patient have another diagnosis/etiology for their respiratory illness? Yes No	
Underlying medical conditions		
Asthma/chronic lung disease? Yes No Diabetes/renal disease? Yes No Heart or circulatory disease? Yes No Cancer in last 12 months? Yes No	Other (specify): 	
Exposures		
Has the patient traveled from a location with endemic spread of COVID-19 within the last 14 days? Yes No If Yes, please specify: Location: Last Date in country with endemic spread:		
Has the patient had contact with a confirmed or suspect COVID-19 case within last 14 days? Yes No		
Has the patient had contact with anyone with an unexplained respiratory illness within last 14 days? Yes No		

Does the patient attend/work/live in a group setting (i.e., school, hospital, long-term care facility)?

Yes

No

If yes, type of setting (school, long-term care facility, etc.) _____

Name of school/facility _____

City _____

Other Testing

Have any of the following tests been performed:

Influenza Rapid Ag: Positive Negative Pending Not done

Influenza PCR Positive Negative Pending Not done

RSV: Positive Negative Pending Not done

H. metapneumovirus Positive Negative Pending Not done

Parainfluenza Positive Negative Pending Not done

Adenovirus Positive Negative Pending Not done

Rhinovirus/enterovirus Positive Negative Pending Not done

Coronavirus (OC43, 229E, HKU1, NL63) Positive Negative Pending Not done

M. Pneumoniae Positive Negative Pending Not done

C. Pneumoniae Positive Negative Pending Not done

Other, Specify

Has CBC with differential been performed?

Yes

No

If yes then is total WBC count between 3.90 and 6.03 x10(9)/L and Lymphocyte count between 0.98 and 1.5 x10(9)/L? (Li YX et al 2020)

Yes

No

Have any of the radiographic imaging been performed:

X-ray: Radiographic evidence of atypical pneumonia No evidence

Chest CT- 97% sensitivity in hospitalized patients (Tao 2020): Ground glass opacity or other typical radiographic feature seen* No evidence

*Vascular enlargement, interlobular septal thickening, and air bronchogram sign are also common CT features of COVID-19

Submitting Physician's name, facility name and mailing address

Facility phone number

Facility Fax number

NPI#