

COVID-19 Test Request Form

Do you have a PUI Number for this request?

- Yes
- No

2nd Unique ID / PUI # *

LA2020

PUI # should start with "LA2020" and include at least 4 additional characters.

2nd unique ID entered above must be present on sample**Hospitalization Status and Symptoms**

This patient is: (check all that apply) *

- Hospitalized?
- Admitted to ICU?
- Intubated (Mechanical Vent)?
- ER Visit Only?
- None of the Above

Symptoms Reported *

- Fever, include temperature below
- Sore Throat
- Chills
- Abdominal Pain
- Cough
- Shortness of Breath
- Headache
- Runny Nose
- Vomiting
- Diarrhea
- Muscle Aches

- ARDS
- Abnormal Chest X-Ray
- Pneumonia, specify below
- Other, specify below
- None of the Above

Has testing been done to rule out other respiratory illnesses? *

- Yes
- No

Influenza? *

- Not Done
- Negative
- Positive
- Pending

Respiratory Virus Panel? *

- Not Done
- Negative
- Positive
- Pending

Blood Cultures? *

- Not Done
- Negative
- Positive
- Pending

Other Tests? *

- Not Done
- Negative

Positive

Pending

Does the patient have any comorbid conditions? *

Yes

No

Step 1 of 5

< PREVIOUS

CONTINUE >