Michigan Technological University
1400 Townsend Drive
Houghton, MI 49931

Clinical Laboratory
Director:
Cary Gottlieb
CLIA #: 23D2181290
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*Please, PRINT; *indicates required fields*

Patient Information

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

DOB*_____/_____/_____ Phone #* ( ) -

Address* _____

City* _____ State*_____ Zip*_____ Patient Medical Record Number*: _____

Sex:* ❑M ❑F

(mark all applicable)

Ethnicity*: ❑Hispanic/Latino ❑Non-Hispanic/Non-Latino ❑Unknown

Race*: ❑White ❑Black/African American ❑Asian
❑American Indian/Alaska Native ❑Native Hawaiian/Other Pacific Islander ❑Other

Submitter Information

Practitioner Name* *(last)*_____ *(first)*_____ *(initial)*____

NPI_____ Facility Name* _____

Phone # ( ) - Fax #* ( ) - ***Include the fax number in which you would like patient results sent.**

Address*_____

City*_____State*_____Zip* _____

Email: _____

Testing Priority* (MDHHS COVID-19 Testing Prioritization Criteria)

❑Priority 1: Hospitalized patients, healthcare workers with symptoms
❑Priority 2: Patients in long-term care facilities with symptoms, >65 years old with symptoms, underlying conditions with symptoms, first responders with symptoms
❑Priority 3: Critical infrastructure workers with symptoms, individuals with mild symptoms
❑Priority 4: Asymptomatic individuals
❑Non-symptomatic preoperative testing

Clinical Information

Diagnosis _____

Onset *(mm-dd-yyyy)*_____/_____/_____

Antibiotics *(list and start dates)* _____

Specimen Information

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

Source/Type* (check one only)
❑ Nasopharynx
❑ Other *(specify)*:

After collection, specimen was** (*check one only*)
❑ Frozen
❑ Refrigerated

Specimens must be kept between 2-8° C from collection until delivery to testing facility. **If the sample will not reach our facility within 72 hours, please freeze. ** Minimum specimen volume of 2ml.

For initial diagnostic testing for COVID-19, CDC recommends collecting and testing an upper respiratory specimen. Nasopharyngeal specimen is the preferred choice for swab-based SARS-CoV-2 testing. When collection of a nasopharyngeal swab is not possible, the following are acceptable alternatives:

- An oropharyngeal (OP) specimen collected by a healthcare professional, or
- A nasal mid-turbinate (NMT) swab collected by a healthcare professional or by onsite self-collection (using a flocked tapered swab), or
- An anterior nares (nasal swab; NS) specimen collected by a healthcare professional or by onsite self-collection (using a flocked or spun polyester swab).

Test Request

x COVID-19

*FDA recommends that test reports include a general statement that the test has been validated but the FDA's independent review of this validation is pending.