State of Illinois
Illinois Department of Public Health

COVID-19/INFLUENZA Laboratory Test Requisition

REQUISITION MUST BE FILLED OUT COMPLETELY

Laboratory Specimen Number (FOR PUBLIC HEALTH USE ONLY)

Type or use indelible dark ink and print legibly with capital letters

Outbreak #:

SUBMITTING INSTITUTION: ______________________________
Submitting Institution Name

Submitter Address (Street Number, Name of Street) | City | State | ZIP Code

Ordering Provider Name and NPI (If applicable) | Telephone Number | FAX Number (For results)

PATIENT INFORMATION:

Patient's Last Name | First Name | Middle Name

Street Address | Apartment/Suite Number

City | State | ZIP Code

Telephone Number | Birthday (mm/dd/yyyy) | Age

Sex
❑ Male
❑ Female

Race
❑ White
❑ African American/ Black
❑ Native American
❑ Asian/Pacific Islander
❑ Other/Unknown

Ethnicity
❑ Hispanic
❑ Non-Hispanic

Patient ID # (optional) ______________________________

INSURANCE INFO

Recipient ID # ____________________ Insurance Company ____________________

Group/Policy # ____________________ Social Security Number ____________________

Policy Holder Last Name ____________________ Policy Holder First Name ____________________

Eligibility Begin Date ____________________ Eligibility End Date ____________________

TEST REQUEST INFORMATION When sending acute and convalescent serology specimens, use one test requisition. Complete collection information immediately below for acute specimen and complete collection information for convalescent specimen in the "Source/Specimen Type" box.

Date Collected (mm/dd/yyyy) ____________ Time Collected ____ : ____ ( ) a.m. ( ) p.m. Date of Onset ____________ COVID-19 Ag Result ____________

TEST (Must check one)
□ FLU/COVID Multi-plex PCR
□ COVID-19 Sequencing
□ COVID-19 Ag (IDPH use only)

SOURCE/SPECIMEN TYPE (one source type per form)
□ Anterior Nares Swab
□ Bronchial Alveolar Lavage “”BAL”
□ Mid-turbinate Nasal Swab
□ Nasal Aspirate
□ Nasal Washing
□ Nasopharyngeal Swab
□ Oropharyngeal Swab
□ Sputum

OVER- For Instructions

COVID-19
Laboratory Test Requisition

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INSTRUCTIONS

The Illinois Department of Public Health laboratory requisition form titled, “COVID-19/Influenza Laboratory Test Requisition,” is designed to accompany the specimens submitted to the Department’s laboratories by approved submitters for COVID-19 testing.

DEFINITION – Submitting Institution - Entity that sends specimens to be tested.

SUBMITTING INSTITUTION - Enter the name of the organization/hospital OR submitter code (if you have one) requesting the test, the ordering provider name and NPI (if applicable), the address of the organization/hospital requesting the test, and the complete submitter’s phone number and FAX, including area code.

PATIENT INFORMATION - Print the patient’s full name. The patient’s ID# is an optional field for a locally assigned patient number completed at the discretion of the submitter. If applicable, enter the patient’s identification number, insurance company name, group/policy number, policy holder first and last name, eligibility begin and end date, and last 4 of SSN. Enter the patient’s date of birth, if known. If the date of birth is entered, the age may be left blank. Enter sex, race, ethnicity as indicated by the patient. Enter the patient’s complete address including apartment or suite number, city/town, state and five-digit ZIP code.

TEST REQUEST INFORMATION - Enter the date the specimen was collected. If applicable, enter the date of patient’s illness onset. Enter specimen collection time.

Fill in box for source. If not listed, use “other” and write source.

**** Per the Department of Health and Human Services (HHS) guidance, all field must be completed.**

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