

Coronavirus Disease 2019 (COVID-19) CLINICAL TEST REQUISITION

STATE OF CONNECTICUT

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ACCESSION LABEL
FOR CT SPHL
USE ONLY

◆Name/Address of Submitting Facility

LAB PROFILE #:

◆ **DENOTES REQUIRED INFORMATION**

In order to submit specimens for testing to the CT State Public Health Laboratory, patients must be in one of the following categories: (Please specify)

- Potential Vaccine Breakthrough Case: Case onset \geq 14 days past last dose of COVID-19 vaccine regimen.
- Reside or work in a congregate setting.

Section 1: Patient Information *(Please Print Clearly)*

◆Name (Last, First, M.I.) or Identifier:		
◆Street Address:		◆City, State, Zip:
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	

Section 2: Specimen Information

Submitter Sample ID:	◆Date Collected:	Time Collected: <input type="checkbox"/> AM <input type="checkbox"/> PM
◆Specimen Source/Type: <input type="checkbox"/> Bronchoalveolar lavage/ wash <input type="checkbox"/> Tracheal aspirates <input type="checkbox"/> Sputum <input type="checkbox"/> Nasopharyngeal (NP) Recommended		
◆Specimen Storage (Prior to Delivery): <input type="checkbox"/> Refrigerated (2-8° C) <input type="checkbox"/> Frozen (<-20° C)		
◆Specimen Transport/Delivery: <input type="checkbox"/> Cold (Ice pack) <input type="checkbox"/> Frozen (Dry Ice)		
For questions regarding specimen handling please call the Advances Molecular Diagnostics laboratory of the CT SPHL at 860-920-6689		
Ordering Healthcare Provider Name and Address:		Phone:
		Fax:

◆Section 3: SARS-CoV-2 VIRUS TESTING

This specimen submitted for SARS-CoV-2 rRT-PCR testing	
<i>For Laboratory Use Only</i>	Comments