RESPIRATORY DISEASE CLINICAL TEST REQUISITION

CONNECTICUT
Public Health

STATE OF CONNECTICUT
Dr Katherine A Kelly State Public Health Laboratory
395 West Street, Rocky Hill, 06067
CLIA ID 07D0644555
Phone 860-920-6500

♦ Name/Address of submitting facility	ACCESSION LABEL FOR CT SPHL USE ONLY
LAB PROFILE #:	

♦ **DENOTES REQUIRED INFORMATION**

Please Indicate which category does the sample fall under:

☐ Hospital In-Patient ☐ Hospital Out-Patient ☐ Reside or Work in a congregate setting

Previous Results:

☐ Influenza A ☐ Influenza B ☐ Sars-CoV-2 ☐ Other_____

Section 1: Patient Information (Please Print Clearly)

♦ Name (Last, First, MI) or Identifier:	
♦ Street Address:	♦ City, State, Zip:
Date of Birth:	Gender: ☐ Female ☐ Male ☐ Unknown

Section 2: Specimen Information

Submitter Sample ID:	♦ Date of Collection:	Time Collected: ☐ AM ☐ PM

♦ **Specimen Source/Type**

☐ Nasopharyngeal (NP) recommended ☐ Bronchoalveolar lavage/wash

♦ **Specimen storage (Prior to Delivery)** ☐ Refrigerated (2-8°C) ☐ Frozen (<-20°C)

♦ **Specimen transport/delivery** ☐ Cold (Ice Pack) ☐ Frozen (Dry Ice)

For questions regarding specimen handling please call the Advance Molecular Diagnostics laboratory at 860-920-6689 at CTSPHL.

Ordering Healthcare Provider Name and Address: Phone:

Fax:

Section 3: Influenza, Sars-CoV-2, and RTM testing

This specimen is submitted for Influenza and Sars-Cov-2 testing. Only samples that are "Not detected" for Influenza or Sars-CoV-2 will be tested with Respiratory Tract Microbiota Panel (RTM).

For Laboratory Use Only	Comments: