



For Laboratory Use Only

Company Information

Customer: **CLo82oTCC**
Company: **TRU Community Care**

Patient Information

Patient ID:* _____
First Name:* _____
Last Name:* _____
Middle Name: _____
Date of Birth:* _____
Gender:* _____
Race: _____
Ethnicity: _____
Hispanic/Latino? Yes No

Sample Information

Sample ID: _____
Collect Date:* _____
Collected By: _____

Patient Address*

County*: _____
Patient Phone: _____ Mobile?
Patient Email: _____

Address: **5293 Park Lane
Lafayette, CO 80026**

Report to: **Suzanne Harp**

Phone: **303 449 7740**

Fax: **303 604 5393**

It is the responsibility of the customer to update the CDPHE laboratory if their contact information changes. Reports are sent to the contacts on file.

Fields marked with an Asterisk() are REQUIRED and must be complete for testing to be performed.*

All sample collection tubes MUST have a matching, legible First Name, Last Name, and Date of Birth or Patient ID.

Check the Sample Matrix

Anterior Nares Blood Buccal swab E-swab NP and OP Swab in SINGLE TUBE Nares Nasal aspirate Nasal swab
 Nasal wash Nasopharyngeal (NP) swab Nasopharyngeal aspirate Oropharyngeal swab Saline Water Serum Sputum Throat swab
 Other (specify): _____

Novel Coronavirus Community Testing

PCR - Novel Coronavirus Testing

Epidemiologic Questions

Fever or Resp Symptoms?

YES NO

Symptom Onset Date: _____

Check all symptoms that apply:

Fever over 100.4 F Runny Nose Nausea or Vomiting
 Felt feverish Sore throat Shortness of Breath
 Chills Cough Abdominal Pain
 Muscle Aches Fatigue Loss of Taste and/or Smell
 Headache Diarrhea Increased Need for Oxygen
 Other: _____

Hospitalized?

YES NO

Lives in Residential Facility/Group Setting?

YES NO

Nursing Home Assisted Living
 Independent Senior Living
 School/College Dorm
 Correctional Facility
 Homeless Shelter
 Other: _____

Patient verbally consents to being tested
 Patient consents to having results reported directly to them

Primary care provider name: _____
Primary care provider phone: _____
Primary care provider address: _____

What kind of work do you do?
What kind of business or industry do you work in?

Employer name: **TRU Community Care**
Employer address: **2593 Park Lane, Lafayette, CO**

Work Setting? Check all that apply:

Food Service Retail Store (not food)
 Healthcare - direct patient care Hospitality
 Healthcare - no direct patient care Grocery Store
 Group Home Food Manufacturing/Meat Packing
 Childcare Construction
 School - teacher Transportation
 School - student Agriculture
 Emergency Services Military
 Corrections Other
 Manufacturing (not food) Not Employed

Chain of Custody

Relinquished By: _____ Date/Time: _____
Received By: _____ Date/Time: _____

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Received By: _____ Date/Time: _____