Ohio
Department of Health

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Complete fields and click **GENERATE** at the bottom of the page to create a PDF to submit with specimen.

SARS-CoV-2 Specimen Submission Form

Approval required prior to submission to ODHL; Contact 614-995-5599
Fields marked with an asterisk (*) must be completed.

Patient Information

Patient Name **First*** **MI** **Last*** **Date of Birth***

☐ **Use Submitter Address**

Sex* ☐ **Female** ☐ **Male**

Phone Number*

Address *

Chart or Patient ID#

City * **State *** **Zip *** **County***

Race* ☐ **White** ☐ **Black/African American** ☐ **Asian** ☐ **Native Hawaiian/Pacific Islander** ☐ **American Indian/Alaskan Native** ☐ **Other**

Ethnicity* ☐ **Hispanic** ☐ **Non-Hispanic**

Submitter Information

Agency Name*

Contact Name*

Address*

Secure Fax Number*

City* **State*** **Zip*** **Phone Number***

Specimen Information

Collection Date* 06/23/2020

Onset Date

ODH Outbreak #

Patient Type: ☐ Inpatient ☐ Staff

ODH Facility License #

Lab* Select

Specimen Site

Blood-Specify (☐ Plasma ☐ Whole)

Respiratory, Upper-Specify Below

Body Fluid-Specify Below

☐ Nasopharyngeal (NP) swab ☐ Oropharyngeal (OP) swab ☐ Other

(☐ CSF ☐ Other)

Respiratory, Lower-Specify Below

Serum-Specify (☐ Acute ☐ Conv.)

Sputum (☐ Induced ☐ Expectorated) ☐ Bronchial Lavage (BAL) ☐ Trachial Aspirate (TA)

Insurance Information (if applicable)

☐ Uninsured

Insured Name First * **MI** **Last ***

Ordering Provider/Medical Director (if different than contact name) *

Name of Insurance Company *

Social Security Number *

Insurance ID Number (if not SSN)

Group ID Number *

Comments

Comments

Generate | Reset for New Specimen