

COVID-19 TESTING REQUISITION FORM

This form is intended for use by facilities outside of Stanford (including UHA locations). If your facility has not previously submitted COVID-19 testing to Stanford, BEFORE sending samples, please complete the following: [COVID-19 - Lab Intake Form](#)

Patient Information

Patient Name (Last, First)		Date of Birth (MM/DD/YY)	
Referring Facility MRN	Gender	Race	Ethnicity
Patient's Address			
City/State	Zip Code	Patient's Phone Number ()	

THIS SPACE IS FOR LABORATORY USE ONLY

BILL TO:

PPO
 HMO
 Client
 Medicare
 Outpatient
 Inpatient

Insurance Info: Attach a copy of front & back of Insurance card or face sheet. Technical (lab) and professional (M.D.) charges are billed separately.

REQUIRED INFORMATION ICD Code(s) -

Requesting Physician

Physician Name (Last, First)	Physician NPI#	Submitter ID#
M.D. Phone No (for reporting positive results)		
Fax No (for reporting all results)		

Requesting Facility

Facility Name & Address	
Phone No.	Fax No.

COPIES TO: (Name & Address, Fax & Phone)

TEST REQUESTED AND SPECIMEN INFORMATION

Molecular Testing

Antibody Testing

FFPE Assays – Consult 4

COVID-19 NAA Test
(LABSARSCOV2)

SOURCE & TYPE:

- Nasopharyngeal Swab (PREFERRED)
- Nasal Mid-turbinate
- Nares Swab
- Oropharyngeal Swab
- Bronchoalveolar Lavage (BAL) fluid (1 mL) in sterile container
- EDTA Plasma
- Other _____

COVID-19 Antibody IgG w/reflex to ACE2 Blocking Antibody (LABCOV2IGG)

COVID-19 Antibody IgM (LABCOV2IGM)

COVID-19 RAPID Antibody IgM (LABSTATCOV2IGM)

SOURCE & TYPE:

- Plasma in a mint-top tube (lithium heparin, gel or no-gel tube)
- Required Volume (adult): 1 mL plasma
 - Minimum Volume (pediatric): 0.5 mL plasma

COVID-19 FFPE PANEL (RECOMMENDED)

SARS-CoV-2 RT-PCR
SARS-CoV nucleocapsid IHC
SARS-CoV-2 spike ISH w/ RNA controls (CONcovFFPE1)

OR

INDIVIDUAL ASSAYS

- SARS-CoV Nucleocapsid IHC (CONcovFFPE2)
- SARS-CoV-2 Spike ISH w/ RNA Controls (CONcovFFPE3)
- SARS-CoV-2 RT-PCR (LABSARSCOV2)

Collection Date

Collection Time

Collection Date

Collection Time

- Use flocked swabs
- Other swabs are acceptable* EXCEPTIONS: Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing
- Place swab immediately into tube containing 2-3 ml of viral transport media (preferred), universal transport media, or buffered saline.

- Plasma is stable at 2-8°C for up to 3 days.
- All samples must be centrifuged within 6 hours of collection.
- If sending whole blood, refrigerated (2-8°C) samples must be received within 3 hours of collection. Please expedite delivery to Stanford.

- FFPE block with existing pathology report
- Case & block ID number _____
Note: one block per requisition

SPECIMEN DELIVERY

Stanford Health Care Anatomic Pathology & Clinical Laboratories – 3375 Hillview Avenue, Palo Alto, CA 94304

Sample(s) must be hand delivered to Front Desk Security by facility's courier services. No patient specimen drop-offs are allowed.

SPECIMENS ACCEPTED 24/7