

WISCONSIN COVID-19 PATIENT INFORMATION FORM

THIS FORM MAY BE USED TO REPORT SUSPECTED CASES THAT ARE BEING TESTED FOR COVID-19 AND SUSPECT OR PROBABLE CASES WHO ARE DIAGNOSED BASED ON CLINICAL CRITERIA* WITHOUT TESTING

FIRST NAME: _____ LAST NAME: _____ DATE OF BIRTH: ____/____/____

GENDER: M F OTHER UNKNOWN ETHNICITY: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

RACE: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTY: _____

PHONE 1: _____ PHONE 2: _____ EMAIL: _____

REPORTING FACILITY: _____ PHONE: _____ ORDERED BY: _____

ONSET DATE: _____ SYMPTOMS: _____

☐ ASYMPTOMATIC – DHS does not recommend testing asymptomatic individuals at this time

COLLECTION DATE: _____ SPECIMEN TYPE: ☐ NP ☐ OP ☐ NP/OP ☐ SPUTUM ☐ BAL FLUID

***SYMPTOMS OF COVID-19 MAY INCLUDE FEVER, COUGH, SHORTNESS OF BREATH, MYALGIA OR OTHER NONSPECIFIC SYMPTOMS; TESTING DECISIONS FOR PATIENTS WITH MILD ILLNESS SHOULD BE BASED ON CLINICIAN JUDGEMENT**

☐ A: PATIENT IS BEING TESTED AT A PUBLIC HEALTH LABORATORY

Specimens may be sent to the Wisconsin State Laboratory of Hygiene (WSLH) or the Milwaukee Health Department Laboratory (MHDL) if they have one of the priority criteria listed below. If equivalent or more rapid turn-around is available through an in-house or commercial lab providers are encouraged to use these other options.

Criteria for testing at WSLH or MHDL, please check ALL that apply:

- ☐ Hospitalized patient with COVID-19 symptoms Admit Date: _____
Please also indicate if the patient is in ICU or on a ventilator: ☐ ICU ☐ Ventilator
- ☐ Patient with COVID-19 symptoms for whom rapid diagnosis is needed to inform infection control practices (e.g. labor and delivery, dialysis, aerosol-generating procedures, etc.)
- ☐ Resident of a long-term care facility with COVID-19 symptoms
- ☐ Resident in a jail, prison, or other congregate setting with COVID-19 symptoms
- ☐ Health care worker or first Responder (e.g. fire, EMS, police) with COVID-19 symptoms
- ☐ Essential staff in high consequence congregate settings (e.g. prisons or jails) with COVID-19 symptoms
- ☐ Utility workers (water, sewer, gas, electric, power generation, distribution and production of raw materials; oil and biofuel refining)
- ☐ Post-mortem testing for a person with COVID-19 symptoms prior to death OR who died of unknown causes AND where results would influence infection control interventions at a facility or inform a public health response

SPECIMENS SUBMITTED TO WSLH OR MHDL, MUST BE ACCOMPANIED BY BOTH THE PATIENT INFORMATION FORM AND THE APPROPRIATE LAB REQUISITION FORM:

MHDL: [Microbiology Requisition H-455](#) WSLH: [CDD Requisition Form A \(#4105\)](#)

☐ B: PATIENT IS BEING TESTED AT ANY OTHER LABORATORY

Patients that do not qualify for testing at WSLH or MHDL, but for whom testing is being requested by the healthcare provider, should be tested by in-house or commercial laboratories.

Providers should use their clinical judgement and are advised to refer to the [CDC Priorities for Testing Patients with Suspected COVID-19 Infection](#) for additional guidance on overall testing priorities.

If the patient is being tested at a lab other than a PHL, but would meet criteria for PHL testing, please indicate the applicable priority criteria above. This information may be of use to public health agencies and other laboratories.

☐ C: PATIENT IS A SUSPECTED OR PROBABLE CASE WHO IS NOT BEING TESTED AT THIS TIME

Cases should be reported to the local health agency (via WEDSS/fax/other means) if they meet any of the criteria below: (please check one):

- ☐ An illness with clinically compatible symptoms of COVID-19 infection in a person who had close contact with a confirmed COVID-19 case, and has no other known etiology for the clinical illness.
- ☐ An illness with clinically compatible symptoms of COVID-19 infection in a person who is a member of a cluster of illnesses where at least one member is a confirmed case, and who has no other known etiology for the clinical illness.
- ☐ An illness with clinically compatible symptoms of COVID-19 infection in a person who had close contact with a probable COVID-19 case, and who has no other known etiology for the clinical illness.
- ☐ Any other clinician diagnosed case of COVID-19 infection in a person who will not be tested.