COVID-19 SPECIMEN SUBMISSION FORM
MA STATE PUBLIC HEALTH LABORAOTRY
305 SOUTH STREET, JAMAICA PLAIN, MA 02130-3597

PRINT LEGIBLY, APPLY LABEL OR STAMP: DO NOT ABBREVIATE ONLY ONE TEST/SPECIMEN PER SUBMISSION FORM

Submitting Facility (Receives Test Result):

_____
Facility/Laboratory Name (required)

_____
Street Address

_____
City, State Zip

_____ _____
Phone # Secure Fax #

Patient Information (MUST Match Specimen Label EXACTLY)

_____ _____
Last Name First Name

_____
Street Address

_____ _____
City, State Zip

_____ _____
Patient ID# or MRN Phone #

Ordering Physician Information (required)

_____ ___ _____
Last Name First Name

_____ _____
NPI# Phone

Sex: ☐ M ☐ F ☐ Other **DOB(required):**_____/_____/_____

Race:
☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ White
☐ Native Hawaiian or Pacific Islander ☐ Other

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

Test Requested:	**Collection Date (required)**	**Date of Onset (required):**	**Outbreak Code (only if known):**
COVID-19 by pcr	_____/_____/_____	_____/_____/_____	_____

Specimen Source (required) Only One Per Form

	Nasopharynx (NP) swab
	Oropharynx (OP) swab
	NP/OP Combined

Symptoms (check all that apply):

	Fever:
	SOB
	Cough
	Other

Other Epi Links	
	Cases already present in facility?
	Resident of LTCF
	Resident of Assisted Living
	Resident of Group Home

Employee/Resident	
	Staff
	Resident

For information on testing, see Manual or Laboratory Tests and Services: http://www.mass.gov Search: manual lab

Form SS-PHL-3-20