



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Skilled Nursing Facilities Testing Initiative Updates

25 June 2020

COVID-19 Specimen Acceptance

- Specimen Identification
 - Patient first name, last name, and DOB
- Specimen Collection
 - Date and time of collection
- Specimen Transport
 - Must meet temperature requirements for the collection device (Exact supplies 2-8C)

**Specimens that do not meet these criteria
will be rejected**

Provider & Order Information

PROVIDER INFORMATION

Healthcare Organization Name:

Provider Name:

NPI #:

Location Address:

City, State, Zip:

Phone Number:

Secure Fax Number*:

*To receive results for this order, please provide **secure** FAX number only

ORDER INFORMATION

This section is not intended to influence the medical judgment of an ordering provider in determining whether this test is right for any particular patient. The following codes are listed as a convenience. Ordering practitioners should report the diagnosis code(s) that best describes the reason for performing the test.

Diagnostic Code(s):
 Z20.828: Exposure to a confirmed/suspected case
 Z11.59: Screening for asymptomatic case

Signs & Symptoms: R05: Cough R50.9: Fever
 Other

Certification
 I am a licensed healthcare provider authorized to order this test. This test is medically necessary and the patient is eligible. I will maintain the privacy of test results and related information as required by HIPAA.

Ordering Provider Signature **Date of Order**

SPECIMEN TYPE *Specimen should be collected in viral or universal transport media, Amies, or RNase free Normal saline.*

Nasopharyngeal (NP) Swab Throat (OP) Swab Mid-turbinate Swab Nasal Swab

Other

Collection Date: (mm/dd/yyyy): Collection Time: AM PM

Patient Demographics *ALL FIELDS REQUIRED*

Patient ID/MRN:

DOB (mm/dd/yyyy):

First Name:

Sex: Male Female

Last Name:

Phone Number

Home Mobile Work

Patient Address:

City, State, Zip:

PATIENT ETHNICITY AND RACE

Is your patient of Hispanic or Latino origin or descent? Yes No

Please mark one or more to indicate your patient's race:

White Black or African-American Asian Native Hawaiian or other Pacific Islander American Indian or Alaska Native

Questions on Results?

Call 844-570-9730
for additional support