State of Illinois
Illinois Department of Public Health

COVID-19 Laboratory Test Requisition

Authorization Code: _____ (If applicable)

REQUISITION MUST BE FILLED OUT COMPLETELY

Laboratory Specimen Number (FOR PUBLIC HEALTH USE ONLY)

Type or use indelible dark ink and print legibly with capital letters

Outbreak #:

SUBMITTER INFORMATION: Will County Community Health Center
Submitting Institution

1106 Neal Ave. (Submitter Address (Street Number, Name of Street)) | Joliet (City) | IL (State) | 60433 (ZIP Code)

Mary Maragos (Contact Person/Clinician's Last Name) | 815-740-7635 (Telephone Number) | 815-846-9415 (FAX) | mmaragos@willcountyhealth.org (E-mail Address)

PATIENT INFORMATION:

Patient's Last Name | First Name | Middle Name

Street Address | Apartment/Suite Number

City | State | ZIP Code

Telephone Number | Birthday (mm/dd/yyyy) | Age

Sex
❑ Male
❑ Female

Race
❑ White
❑ African American/ Black
❑ Native American
❑ Asian/Pacific Islander
❑ Other/Unknown

Ethnicity
❑ Hispanic
❑ Non-Hispanic

Patient ID # (optional) _____

INSURANCE INFO

Recipient ID # _____ Insurance Company _____

Group/Policy # _____ Social Security Number _____

Policy Holder Last Name _____ Policy Holder First Name _____

Eligibility Begin Date _____ Eligibility End Date _____

TEST REQUEST INFORMATION When sending acute and convalescent serology specimens, use one test requisition. Complete collection information immediately below for acute specimen and complete collection information for convalescent specimen in the "Source/Specimen Type" box.

Date Collected (mm/dd/yyyy) | Time Collected ( ) : ( ) (○) a.m. (○) p.m. | Date of Onset

TEST: COVID-19

SOURCE/SPECIMEN TYPE (one source type per form)

❑ Anterior Nares Swab
❑ Blood - Serum
❑ Bronchial Alveolar Lavage "BAL"
❑ Mid-turbinate Nasal Swab
❑ Nasal Aspirate
❑ Nasal Washing
☒ Nasopharyngeal Swab
❑ Oropharyngeal Swab
❑ Plasma
❑ Serum – Acute
❑ Serum - Convalescent
❑ Sputum
❑ Tissue (Specify Below**)
❑ Other (Specify Below**)

**SOURCE

OVER- For Instructions

State of Illinois
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COVID-19
Laboratory Test Requisition

INSTRUCTIONS

The Illinois Department of Public Health laboratory requisition form titled, "COVID-19 Laboratory Test Requisition," is designed to accompany the specimens submitted to the Department's laboratories by approved submitters for COVID-19 testing.

DEFINITION - Submitter - Entity that sends specimens to be tested.

SUBMITTER INFORMATION - Enter the name of the organization/hospital OR submitter code (if you have one) requesting the test, the ordering contact person/clinician's last name (important so that test results may be routed correctly), the address of the organization/hospital requesting the test, and the complete submitter's phone number and FAX, including area code.

PATIENT INFORMATION - Print the patient's full name. The patient's ID# is an optional field for a locally assigned patient number completed at the discretion of the submitter. If applicable, enter the patient's identification number, insurance company name, group/policy number, policy holder first and last name, eligibility begin and end date, and last 4 of SSN. Enter the patient's date of birth, if known. If the date of birth is entered, the age may be left blank. Enter sex, race, ethnicity as indicated by the patient. Enter the patient's complete address including apartment or suite number, city/town, state and five digit ZIP code.

TEST REQUEST INFORMATION - Enter the date the specimen was collected. This is a REQUIRED field. If applicable, enter the date of patient's illness onset. Enter specimen collection time.

Fill in box for source. If not listed, use "other" and write source.

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2121 W. Taylor Street
Chicago, IL 60612
312-793-4760

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Springfield, IL 62702
217-782-6562

Illinois Department of Public Health
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