



COVID-19 Specimen Submission Form

- Ensure all information is completed for all patients.
- This form must be submitted with the specimen to KHEL
- Beginning 12/21/2020, KHEL will automatically perform testing for Influenza A & B in addition to SARS-CoV-2

KDHE lab use only

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PROVIDER INFORMATION

Facility Name: Caney Valley USD 436 KHEL Facility ID: 14060 Clinician Name: Shravan Gangula

Facility Address: 601 E Bullpup Blvd City: Caney State: KS ZIP: 67333

Existing KHEL facilities can contact KHEL Customer Service to change/verify report method (785) 296-1620 | kdhe.khel_help@ks.gov

NEW KHEL FACILITY ONLY — COMPLETE REPORT DELIVERY OPTIONS BELOW

Lab report delivery preference: ☐ Fax #: _____ ☐ Secure Email: _____

PATIENT INFORMATION

Last Name: _____ First Name: _____ Middle: _____

DOB: _____ Mobile Phone: _____ Home Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____
NO PO BOX — PHYSICAL ADDRESS ONLY

County of residence: _____ Parent/Guardian Name: _____

Sex: ☐ Male ☐ Female Ethnicity: ☐ Non-Hispanic ☐ Hispanic ☐ Unknown

Race: ☐ White ☐ Black ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander

SPECIMEN INFORMATION

Collection Date: _____ Time: _____ AM/PM

SYMPTOMS AND EXPOSURE INFORMATION

Symptom onset date of first symptom: _____ ☐ Asymptomatic (no symptoms)

☐ Fever (subjective/or measured: _____ °F/°C) ☐ Cough ☐ Shortness of Breath ☐ Difficulty breathing

☐ Sore Throat ☐ Loss of smell/taste ☐ Rigors or chills ☐ Myalgia or muscle aches ☐ Headache

☐ Malaise or feeling very tired ☐ Pneumonia ☐ Diarrhea ☐ Nausea/vomiting ☐ Congestion/runny nose

☐ Acute Respiratory Distress Syndrome

Immunocompromised/Chronic Condition? Yes, specify: _____ ☐ No

Exposure? _____

PARENT/GUARDIAN CONSENT

Parent/Guardian Signature _____

Date _____