Commonwealth of Virginia
Department of General Services
Division of Consolidated Laboratory Services
Richmond, Virginia

DCLS COVID-19 Submission Form

PATIENT INFORMATION			SUBMITTER INFORMATION		
Last Name:			Submitting Facility: Middlesex County Health Department		
First Name:			Address: 2780 General Puller Hwy		
Birth Date: / /	☐ Male ☐ Female		City: Saluda	State: VA	Zip code: 23149
Address:			Phone: 804.758.2381 ext. 11		
City:	State:	Zip code:	Fax: 804.758.4828		
MRN:	Patient ID:		Attending Clinician: Dr. Richard Williams		
Client External ID (VDH/DCLS#):			Attending Clinician Phone: 804.758.2381 ext. 17		
Race:			Public Health Dept Contact: Johanna Hardesty		
Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino	Phone:		Public Health Contact Phone: 804.758.2381 ext. 14		

PATIENT MEDICAL HISTORY

Disease Suspected or Diagnosis: **COVID-19**

Date of Onset: / / | Deceased Date: / /

Signs/Symptoms: ☐ Asymptomatic ☐ Body Aches ☐ Chills ☐ Cough ☐ Diarrhea ☐ Fever ☐ Headache ☐ Loss of Taste/Smell ☐ Myalgia/Arthralgia ☐ Nausea ☐ Pneumonia ☐ Productive Cough ☐ Rash ☐ Respiratory ☐ Shortness of Breath ☐ Vomiting ☐ Other:

Recent Exposure (if applicable): ☐ Contact w/ COVID-19 Positive Person ☐ Other (Explain):

OUTBREAK INFORMATION

VDH Designated Outbreak #: N/A

Role of Patient: ☐ Healthcare Provider ☐ Staff ☐ Patient ☐ Resident ☐ Food Handler ☐ Other:

SPECIMEN COLLECTION INFORMATION

Date Collected: / / | Time of Collection: : (military time)

Reason for Test Request: ☐ Isolate for ID/Confirmation ☐ VDH Reportable Disease Compliance ☐ Surveillance ☐ Diagnosis ☐ PPS ☐ Contact/Suspected Carrier ☐ Clearance/Release ☐ Other:

Specimen Source: ☐ Nasopharyngeal Swab ☐ Oropharyngeal/Throat Swab ☐ Nose (Nasal Passage) ☐ Sputum ☐ Bronchial Wash ☐ BAL ☐ Blood ☐ Serum ☐ Other:

ADDITIONAL INFORMATION	DCLS STATE LAB USE ONLY:
	Place DCLS Label in space provided.

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