DALLAS COUNTY HEALTH AND HUMAN SERVICES

DCHHS Laboratory Test Request Form — Novel Coronavirus PCR

- See DCHHS Submission Instructions for COVID-19 Virus Testing at: www.dallascounty.org/departments/dchhs/2019-novel-coronavirus.php.
- DCHHS LRN lab can ONLY accept specimens from residents of counties comprising its service area: ***Collin, Dallas, Ellis, Fannin, Grayson, Henderson, Hunt, Kaufman, Navarro, Rains, Rockwall, and Van Zandt***
- For all non-Dallas County residents, submitter must obtain prior approval of the respective County/State health department, and approval must accompany this form
- Test results will be transmitted by fax to the listed submitter, or for non-Dallas residents to the respective County or State regional health department

= REQUIRED Fields—Omission of required information may result in inability to test. Completed form MUST accompany submitted specimens.

PATIENT

*Last name:		*First name:		ID/MRN:	
*DOB:	Age:	*Sex: ☐ M ☐ F	*Race:	*Eth: ☐ Hispanic ☐ Non-Hispanic	Patient Phone:
*Address:		*City:	*State:	*County:	Zip Code:

REQ.

*Submitting Facility Name:	*Contact Name:	
Contact Email:	*Phone:	Fax:

***RISK FACTORS**

☐ Y ☐ N	Patient is a healthcare worker, Position:	Facility/Employer Name:
☐ Y ☐ N	Close contact of ☐ Lab-confirmed COVID-19 case or ☐ Person with pneumonia or influenza-like illness **(Check one)**	
	Name of Case:	Date of Last Contact: / Nature of Contact:
☐ Y ☐ N	Member of a cluster of patients with acute respiratory illness/pneumonia of unknown etiology in which COVID-19 is being evaluated	
☐ Y ☐ N	History of being in a healthcare facility (as a patient or visitor): Facility name: _____ Date Visited: _____	
☐ Y ☐ N	Resident of long-term care facility or assisted living facility: Facility name: _____	
☐ Y ☐ N	Underlying health conditions **(circle)**: Asthma, COPD, renal disease, immunocompromised, diabetes, other:_____	
☐ Y ☐ N	Travel outside of Dallas County (international or domestic) or cruise within 2 weeks before illness onset:	
	Country/City/Cruise Name:	**Arrival Date:** / **Departure Date:**

CLINICAL HISTORY

*Hospitalized? ☐ N ☐ Y, Facility Name:

Admit Date:	Discharge Date:	Deceased Date (☐ N/A):	
***Date symptom onset:** _____ Symptoms Resolved? ☐ No ☐ Yes, date: _____		☐ *Asymptomatic (☐ N/A)	
***Symptoms (Check all applicable):**	☐ Fever >100F (38C)	☐ Chills	☐ Nausea or vomiting
	☐ Subjective fever (felt feverish)	☐ Muscle aches (myalgia)	☐ Headache
	☐ Cough (new or worsening)	☐ Runny nose (rhinorrhea)	☐ Abdominal pain
	☐ Shortness of breath (dyspnea)	☐ Sore throat	☐ Diarrhea (≥ 3/24hr period)
			Other, specify:

☐ Y ☐ N CHEST X-RAY	Date:	Results:
☐ Y ☐ N CHEST CT	Date:	Results:

LHD APPROVAL

☐ Y ☐ N Does patient meet testing criteria?** ***(Per Texas DSHS, as of 3/11/20, patient must meet criteria for testing, see accompanying PUI Criteria from DSHS)

***Date Approved by LHD:**	***LHD Name:**	***LHD Contact Name:**
***LHD Contact Email:**		

LAB

Lab Contact Name:	*Lab Email:
Lab Phone:	*Lab Fax:
*Specimen Collection Date:	*Specimen source: ☐ NP (recommended) ☐ OP ☐ Other: _____

- *DO NOT WRITE BELOW THIS LINE* -

SPECIMEN

DCHHS LABORATORY RECEIPT

LAB #:	**DATE CHECKED IN:**	**DATE REPORTED:**	**DATE RESULTS FAXED:**

Date specimen received: _____ ☐ Cold ☐ Frozen ☐ Room temperature ☐ Satisfactory ☐ Unsatisfactory

COVID-19 PCR RESULTS

The CDC NCoV 2019 rRT-PCR Assay is only for use under the Food and Drug Administration's Emergency Use Authorization. Negative results do not preclude NCoV-2019 infection and should not be used as the sole basis for patient management decisions.

☐ No SARS-CoV-2 RNA detected	☐ Confirmed detection of SARS-CoV-2 RNA by RT-PCR
☐ Inconclusive for SARS-CoV-2 RNA by RT-PCR	☐ Specimen unsatisfactory due to: _____

FINAL REPORT:

A copy of this completed form must accompany the specimen **and** be faxed to DCHHS Epidemiology: (214) 819-1933 (OR sent by encrypted email to: Epidemiology@dallascounty.org). See submission instructions.

Rev. 3/27/2020 TD/WC

CLIA #: 45D0672012

Interim Criteria to Guide Testing of Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19)

To provide information about what's happening with COVID-19 in Texas, public health laboratories will use the following criteria to prioritize testing. Some commercial laboratories have testing available for situations that don't meet these criteria explicitly.

Clinical Features	&	Epidemiologic Risk
Fever[1] **or** signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	**AND**	Any person, including health care workers[2], who has had close contact[3] with a laboratory-confirmed[4] COVID-19 patient within 14 days of symptom onset
Fever[1] **and** signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)[5]	**AND**	A history of travel from affected geographic areas[6] (see below) within 14 days of symptom onset **OR** An individual(s) with risk factors that put them at higher risk of poor outcomes[7]
Fever[1] **and** signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization[5]	**AND**	No source of exposure has been identified

[1] Fever may be subjective or confirmed.
[2] For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19).

[3] Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case,

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, National Institute for Occupational Safety and Health (NIOSH)-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met. Additional information is available in CDC's updated Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings.

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings as described in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.

[4] Documentation of laboratory confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

[5] Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).

[6] Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all COVID-19 Travel Health Notices. It may also include geographic regions within the United States where documented community transmission has been identified.

[7] Other symptomatic individuals such as, older adults (age ≥ 65 years) and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).