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Molecular Diagnostics  
Bureau of Laboratory Services  
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EXAMPLE

Houston Health Department Laboratory 2019-nCoV Specimen Submission Form				
(Print Clearly with All Information Requested, One Form per Specimen, not per Patient)				
SUBMITTER INFORMATION (Required)*		PATIENT INFORMATION (Required)*		
Submitting Entity* Liberty Careall Hospital		Last Name* Smith		
Submitting Entity Address* 7564 Holcombe Blvd. Houston, TX 77030		First Name* John	MI	
Name of Physician Who Orders the Test* Bill Williams		Medical Record #(if available)* 896457430921		
Name and Phone Number of the Contact for Specimen Questions* Name: Cindy Nelson Phone: 713-809-9418	Phone # for Results (24/7)* 832-719-6247	DOB (mm/dd/yyyy)* 09/03/1944	Race (if available)* White	Sex* M
Secure Fax Number for Test Result Notification (24/7)* 713-521-6493		SPECIMEN INFORMATION (Required)*		
Persons Under Investigation (PUI) Approval (Required)*				
Assigned PUI#* TX20200308019	Name of Health Department* Fort Bend	Date of Collection(mm/dd/yyyy)* 03/08/2020	Time of Collection* 5:30 PM (Please specify AM or PM)	
Name of Epidemiologist* Nancy Schwarz	Phone # of Epidemiologist* 832-674-0395	Specimen Type(check one only)* <input checked="" type="checkbox"/> Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab) <input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Oropharyngeal Swab <input type="checkbox"/> Sputum		

## Special Pathogen Testing – 2019-nCoV

<b>SPECIAL PATHOGEN</b>
<input checked="" type="checkbox"/> 321 2019-nCoV Real-time RT-PCR Assay