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Molecular Diagnostics  
Bureau of Laboratory Services  
2250 Holcombe Blvd., Houston, Texas 77030  
Phone: (832) 393-3959  
Fax: (832) 393-3982

## Houston Health Department Laboratory 2019-nCoV Specimen Submission Form

(Print Clearly with All Information Requested, One Form per Specimen, not per Patient)

<b>SUBMITTER INFORMATION (Required)*</b>		<b>PATIENT INFORMATION (Required)*</b>		
Submitting Entity*		Last Name*		
Submitting Entity Address*		First Name*	MI	
Name of Physician Who Orders the Test*		Medical Record #(if available)*		
Name and Phone Number of the Contact for Specimen Questions*	Phone # for Results (24/7)*	DOB (mm/dd/yyyy)*	Race (if available)*	Sex*
Name:				
Phone:				
Secure Fax Number for Test Result Notification (24/7)*		<b>SPECIMEN INFORMATION (Required)*</b>		
<b>Persons Under Investigation (PUI) Approval (Required)*</b>				
Assigned PUI#*	Name of Health Department*	Date of Collection(mm/dd/yyyy)*	Time of Collection*	
			(Please specify AM or PM)	
Name of Epidemiologist*	Phone # of Epidemiologist*	Specimen Type(check one only)*		
		<input 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

### SPECIAL PATHOGEN

321 2019-nCoV Real-time RT-PCR Assay