



Coronavirus Disease 2019 (COVID-19) Testing Approval Form

24/7 KDHE Epidemiology (877) 427-7317 for testing approval and risk assessment

KHEL Customer Service (785) 296-1620 for shipping/specimen questions

PROVIDER INFORMATION

Facility Name: _____ Clinician Name: _____

Facility Address: _____ City: _____ State: _____

Phone Number: _____

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

PATIENT INFORMATION

Name (Last, First): _____ DOB: _____ Male Female

Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ Ethnicity: Non-Hispanic Hispanic Unknown

Race: White Black Asian Amer. Indian/Alaska Native Native Hawaiian/Pacific Islander

Hospitalized? Yes No

SPECIMEN COLLECTION AND SHIPPING INSTRUCTIONS

*****Samples collected or shipped not in accordance with below instructions will be unsatisfactory for testing*****

Specimen Source: Collect a nasopharyngeal swab

Swab Type: Synthetic fiber swab with plastic shaft (not wooden)

NASOPHARYNGEAL SWAB **Collection Date:** _____ **Time:** _____ AM/PM

Instructions: Insert swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions. Place swab immediately into sterile tube containing 2-3 mL of viral transport media. Label tube with name and date of birth. An oropharyngeal swab is no longer required.

Storage and Shipping: Refrigerate specimens at 2-8°C and ship cold (e.g. with an ice pack) via same-day courier or **overnight shipping with weekend delivery option** to Kansas Health and Environmental Laboratories. Ship as a Category B infectious substance. Include this form with the shipment.

Overnight Shipping Address: Kansas Health and Environmental Laboratories
6810 SE Dwight St, Topeka, KS 66620

KDHE EPIDEMIOLOGY APPROVAL

Epidemiologist: _____

Symptoms: Fever Cough Shortness of Breath Pneumonia Acute Respiratory Distress

Other Symptoms:

Risk/Exposure: