Advanced Diagnostic Laboratories National Jewish Health®

COVID-19 Testing | 800.550.6227 | 303.270.2175 fax | njlabs.org

SHIP TO: National Jewish Health
Advanced Diagnostic Laboratories
1400 Jackson Street, Room D203
Denver, CO 80206

Please type or print all information.

1. ORGANIZATION INFORMATION			
Organization Name	Organization ID		
Address	City	State	Zip
Phone	Fax		
Secure Email	Secure Fax		

2. PATIENT INFORMATION			
Patient Name (Last, First)			DOB __ __ / __ __ / __ __ __ __
☐ Male ☐ Female ☐ Neutral/Other ☐ Unknown			
Address	City	State	Zip
Phone	Ethnicity	Race	

3. PHYSICIAN INFORMATION			
Ordering Physician			
Address	City	State	Zip
Phone	Fax		

4. PAYMENT INFORMATION
Client will be billed according to contract terms.

5. MOLECULAR TESTING	
☐ COVD2	COVID-19 PCR

6. SEROLOGY	
☐ ACOVG	COVID-19 IgG Nucleocapsid IgG by CMIA
☐ ACOVM	COVID-19 IgM Spike Protein IgM by CMIA
☐ SQCOV	COVID-19 spike protein IgG semi-quantitative antibody detection by ELISA

7. SPECIMEN INFORMATION		
Submitted By	Date Submitted	Phone
Collection Time	Collection Date	
COVD2 Specimen Sourcew	☐ Nasopharyngeal swab ☐ Midturbinate swab ☐ Nasal (anterior nares) swab	
ACOVG, ACOVM and SQCOV Specimen Source	☐ Serum	

8. ADDITIONAL RELEASE OF INFORMATION (OPTIONAL)		
☐ I hereby authorize National Jewish Health Advanced Diagnostic Laboratories to release medical information concerning COVID-19 testing to the organization named below.		
Patient Name	Organization	
Signature (Parent/Guardian if patient is a minor)		Date

9. SPECIAL INSTRUCTIONS

INTERNAL USE				
Received By	Date	Account#	MRUN	Accession