State of Illinois
Illinois Department of Public Health

COVID-19/INFLUENZA
Laboratory Test Requisition

REQUISITION MUST BE FILLED OUT COMPLETELY

**Laboratory Specimen Number
(FOR PUBLIC HEALTH USE ONLY)**

Type or use indelible dark ink and print legibly with capital letters

Outbreak #:

SUBMITTING INSTITUTION: _____

Submitting Institution Name

_____ _____ _____ _____
Submitter Address (Street Number, Name of Street)   City   State   ZIP Code

_____ _____ _____
Ordering Provider Name and NPI (If applicable)   Telephone Number   FAX Number (For results)

PATIENT INFORMATION:

_____ _____ _____
Patient's Last Name   First Name   Middle Name

_____ _____
Street Address   Apartment/Suite Number

_____ _____ _____
City   State   ZIP Code

_____ _____ _____
Telephone Number   Birthday (mm/dd/yyyy)   Age

Sex
❑ Male
❑ Female

Race
❑ White
❑ African American/ Black

❑ Native American
❑ Asian/Pacific Islander

❑ Other/Unknown

Ethnicity
❑ Hispanic
❑ Non-Hispanic

Patient ID # (optional) _____

INSURANCE INFO

Recipient ID # _____   Insurance Company _____

Group/Policy # _____   Social Security Number _____

Policy Holder Last Name _____   Policy Holder First Name _____

Eligibility Begin Date _____   Eligibility End Date _____

TEST REQUEST INFORMATION
When sending acute and convalescent serology specimens, use one test requisition. Complete collection information immediately below for acute specimen and complete collection information for convalescent specimen in the "Source/Specimen Type" box.

(◯) a.m.
(◯) p.m.

_____ _____ : _____   _____   _____
Date Collected (mm/dd/yyyy)   Time Collected   Date of Onset   COVID-19 Ag Result

---

TEST (Must check one)
❑ COVID-19 PCR
❑ COVID-19 IgG Antibody
❑ INFLUENZA A & B PCR
❑ FLU/COVID Multi-plex PCR
❑ COVID-19 Ag

SOURCE/SPECIMEN TYPE (one source type per form)
❑ Anterior Nares Swab
❑ Blood – Serum
❑ Bronchial Alveolar Lavage ""BAL"
❑ Mid-turbinate Nasal Swab
❑ Nasal Aspirate
❑ Nasal Washing
❑ Nasopharyngeal Swab
❑ Oropharyngeal Swab
❑ Plasma
❑ Serum – Acute
❑ Serum – Convalescent
❑ Sputum

OVER- For Instructions

State of Illinois
Illinois Department of Public Health

INSTRUCTIONS

The Illinois Department of Public Health laboratory requisition form titled, "COVID-19/Influenza Laboratory Test Requisition," is designed to accompany the specimens submitted to the Department's laboratories by approved submitters for COVID-19 testing.

DEFINITION – Submitting Institution - Entity that sends specimens to be tested.

SUBMITTING INSTITUTION - Enter the name of the organization/hospital OR submitter code (if you have one) requesting the test, the ordering provider name and NPI (if applicable), the address of the organization/hospital requesting the test, and the complete submitter's phone number and FAX, including area code.

PATIENT INFORMATION - Print the patient's full name. The patient's ID# is an optional field for a locally assigned patient number completed at the discretion of the submitter. If applicable, enter the patient's identification number, insurance company name, group/policy number, policy holder first and last name, eligibility begin and end date, and last 4 of SSN. Enter the patient's date of birth, if known. If the date of birth is entered, the age may be left blank. Enter sex, race, ethnicity as indicated by the patient. Enter the patient's complete address including apartment or suite number, city/town, state and five-digit ZIP code.

TEST REQUEST INFORMATION - Enter the date the specimen was collected. If applicable, enter the date of patient's illness onset. Enter specimen collection time.

Fill in box for source. If not listed, use "other" and write source.

** Per the Department of Health and Human Services (HHS) guidance, all field must be completed.

Illinois Department of Public Health
Division of Laboratories
2121 W. Taylor Street
Chicago, IL 60612
312-793-4760

Illinois Department of Public Health
Division of Laboratories
825 N. Rutledge Street
Springfield, IL 62702
217-782-6562

Illinois Department of Public Health
Division of Laboratories
1155 South Oakland Avenue
Carbondale, IL 62901
618-457-5131