



## KDHE Coronavirus Disease 2019 (COVID-19) Testing

**Fill out the following criteria to ensure that your patient meets the definition of a Person Under Investigation (PUI) and will be approved for testing. If the criteria are not met, COVID-19 testing may not be conducted.\***

### PUI Criteria

Epidemiologic Risk	&	Clinical Features
<p>Close contact<sup>^</sup> with a person that has laboratory-confirmed COVID-19 and developed symptoms within 14 days of contact</p> <p>History of travel<sup>§</sup> within 14 days of symptom onset</p> <p>No source of exposure has been identified</p>	<p><b><u>and</u></b></p>	<p>At least <b>two</b> of the following symptoms, without an alternate more likely diagnosis:</p> <ul style="list-style-type: none"> <li>Fever*</li> <li>Chills</li> <li>Rigors</li> <li>Myalgia</li> <li>Malaise</li> <li>Headache</li> <li>Sore throat</li> <li>Lower respiratory illness (cough, shortness of breath, or difficulty breathing)</li> <li>New olfactory and taste disorders</li> <li>Diarrhea</li> </ul>

\* Persons outside of this testing criteria *may* be considered for testing. These would include persons with unusual early symptoms such as a sudden loss of taste or smell, or sudden onset of malaise with fever. Record these symptoms in the Symptoms and Exposure Information section of the KDHE Coronavirus Disease 2019 (COVID-19) Testing form.

<sup>^</sup> Being within 6 feet for a prolonged period (10 minutes or longer) or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

\* Measured fever of 100.4°F. Fever CANNOT be subjective

<sup>§</sup> History of travel includes travel outside of the U.S. to countries with travel advisories (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>), travel to states with cases of COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>), and attendance to mass gatherings (e.g. conferences, cruises, concerts, churches, other gatherings).

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- **Patients not meeting Person Under Investigation (PUI) criteria will be rejected.**
- Enter the form data into EpiTrax. Calling the hotline is no longer required.
- Include a copy of the form with the specimen shipment to KHEL.
- Forms with missing information will be rejected.

KDHE lab use only

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## PROVIDER INFORMATION

Facility Name: \_\_\_\_\_ KHEL Facility ID: \_\_\_\_\_ Clinician Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

24/7 Phone Number for Positive Results (e.g., Hospital Lab, Infection Prevention): \_\_\_\_\_

Lab report delivery preference:  Fax #: \_\_\_\_\_  Secure Email: \_\_\_\_\_

## PATIENT INFORMATION

Name (Last, First): \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Ethnicity:  Non-Hispanic  Hispanic  Unknown

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

## SPECIMEN COLLECTION AND SHIPPING INSTRUCTIONS

**\*\*See below for specimen collection and shipping instructions\*\***

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

**NASOPHARYNGEAL SWAB** Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM **\*Collection Date is Required\***

An oropharyngeal swab is not required. Ensure specimen is closed tightly to avoid leaking while shipping.

## SYMPTOMS AND EXPOSURE INFORMATION

Symptoms:  Fever: \_\_\_\_\_ °F/°C  Cough  Shortness of Breath  Pneumonia  Acute Respiratory Distress

Immunocompromised?  Yes, specify: \_\_\_\_\_  No

Chronic medical condition?  Yes, specify: \_\_\_\_\_  No

Hospitalized?  Yes  No Other symptoms? \_\_\_\_\_

Exposure? \_\_\_\_\_

Employer? \_\_\_\_\_

Lab performing test KHEL Other Specify: \_\_\_\_\_

**NOTE:** Non-hospitalized patients should remain in home isolation until laboratory results are available.





## KDHE Coronavirus Disease 2019 (COVID-19) Testing

### Specimen Collection and Shipping Instructions

- Fill out the above KDHE Coronavirus Disease 2019 (COVID-19) Testing Form above. Include a copy of the form with the specimen shipment. In addition, fax the form to 877-427-7318.
- Collect a nasopharyngeal (NP) swab using a synthetic fiber swab with plastic shaft (not wooden)
  - Insert swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions. An instructional video for NP swab collection can be found at [KDHE COVID-19 webpage](http://www.kdheks.gov/coronavirus/) (www.kdheks.gov/coronavirus/).
- Label the specimen container with the patient's name and specimen type.
- The NP swab should be placed in 2-3 mL of Viral Transport Media (VTM). If VTM is not available, liquid Amies solution, sterile phosphate-buffered saline, or normal [sterile saline is acceptable](#).
- Ensure the specimen tube is tight and will not leak.
- Place NP swab into its own 95 kPa bag. Ensure that sufficient absorbent material is present in specimen transport bags.
- Place all specimens in resealable zip-top biohazard bag.
- Store specimens at 2-8<sup>0</sup>C until sent to Kansas Health and Environmental Laboratories
  - Specimens must be tested within 72 hours of specimen collection.