



KDHE Coronavirus Disease 2019 (COVID-19) Testing

Facilities and providers should prioritize using internal or commercial laboratory testing for COVID-19. The following reference labs offer COVID-19 testing: Quest Diagnostics (test code 39433), LabCorp (test code 139900), Mayo Clinic Laboratories (test code ZW282), and Viracor (test code 8398). Testing at the Kansas Health and Environmental Laboratories will be prioritized for public health purposes and urgent need.

If you are unable to test at a reference laboratory, 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.

Epidemiologic Risk	&	Clinical Features
Close contact [^] with a person that has laboratory-confirmed COVID-19 and developed symptoms within 14 days of contact	and	Measured fever above 100°F or Lower respiratory illness (cough or shortness of breath). If the risk criterion and clinical features criterion are not met, COVID-19 will not be conducted.
History of travel outside of Kansas within 14 days of symptom onset	and	Measured fever above 100°F and Lower respiratory symptoms (cough or shortness of breath) and Other respiratory tests were performed and are negative If the risk criterion and all three clinical features criteria are not met, COVID-19 will not be conducted.
No source of exposure has been identified		
Kansas resident in a county with sustained community transmission*	and	Severe respiratory illness and Hospitalized and Other respiratory tests were performed and are negative If the risk criterion and all three clinical features criteria are not met, COVID-19 will not be conducted.

[^]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)

*Currently this only includes Johnson County



KDHE Coronavirus Disease 2019 (COVID-19) Testing

- **Patients not meeting Person Under Investigation (PUI) criteria will be rejected.**
- Fax the completed form to **877-427-7318**. 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.

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.

Clinician Signature: _____ Date: _____

****By signing this form, you are agreeing that this person meets Kansas PUI criteria for testing. This form can be digitally signed.**

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 Healthcare Worker? Yes No First Responder? Yes No

Long-term care or Group Setting? Yes No

Risk/Exposure: _____

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, [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 2-8⁰C and ship overnight on ice packs as a [Category B infectious substance](#).
 - Rapid shipping is important - specimens must be tested within 72 hours of specimen collection. Ship overnight. Use a weekend delivery option if shipping near the weekend.
- Ship to
 - Kansas Health and Environmental Laboratories
 - 6810 SE Dwight St, Topeka, KS 66620