



# Kansas COVID-19 Specimen Submission Form

- **Ensure all information is completed for all patients.**
- This form must be submitted with the specimen to KHEL
- This form is only for use when requesting SARS-CoV-2 testing at KHEL.

KDHE lab use only

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## PROVIDER INFORMATION

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

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

Existing KHEL facilities can contact KHEL Customer Service to change/verify report method (785) 296-1620 | kdhe.khel\_help@ks.gov

### NEW KHEL FACILITY ONLY — COMPLETE REPORT DELIVERY OPTIONS BELOW

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

## PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

DOB: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
NO PO BOX – PHYSICAL ADDRESS ONLY

County of residence: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Sex: Male Female Ethnicity: Non-Hispanic Hispanic Unknown

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

## SPECIMEN INFORMATION

Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Date test ordered: \_\_\_\_\_

Specimen type: Nasopharyngeal swab Oropharyngeal (throat) swab Mid-turbinate (nasal swab)  
Anterior nares (nasal swab) Blood/Serum (KDHE Epidemiology approval needed)

Test ordered: RT-PCR Antigen Serology Collected by: healthcare staff Self-collected

## SYMPTOMS AND EXPOSURE INFORMATION

Symptom onset date of first symptom: \_\_\_\_\_ Asymptomatic (no symptoms)

Fever (subjective/or measured: \_\_\_\_\_ °F/°C) Cough Shortness of Breath Difficulty breathing

Sore Throat Loss of smell/taste Rigors or chills Myalgia or muscle aches Headache

Malaise or feeling very tired Pneumonia Diarrhea Nausea/vomiting Congestion/runny nose

Acute Respiratory Distress Syndrome

Immunocompromised/Chronic Condition? Yes, specify: \_\_\_\_\_ No

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