KDHE lab use only

COVID-19 Whole Genome Sequencing Specimen Submission Form

Kansas Department of Health and Environment

- **Ensure all information is completed for all patients.**
- This form must be submitted with the specimen to KHEL
- This form is only for the submission of Whole Genome Sequencing

KDHE lab use only

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

Sample Type: ☐ Raw **Collection Date:** _____ **Time:** _____ AM/PM

Raw Specimen type: ☐ Nasopharyngeal swab ☐ Mid-turbinate (nasal swab)
☐ Anterior nares (nasal swab) ☐ Oropharyngeal (throat) swab

Sample Type: ☐ Extracted **Sample ID:** _____

Date of Current Positive: _____ **Method:** _____

CT Values (required for Extracted): _____

ADDITIONAL INFORMATION

Previous Positive?: ☐ No ☐ Yes **Date:** _____

Vaccinated: ☐ Yes ☐ No **Date of Last Vaccine Dose:** _____