



Department of Pathology
 8200 Dodge St., Omaha, NE 68114
 402-955-5502

CH MRN:	REQ#:
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Omaha Public Schools (OPS) COVID Testing Requisition

Patient Instructions:

1. Complete the Patient and Parent/Guardian sections below and give it to the collection site. You will not be billed for this testing.

PATIENT INFORMATION				
Last Name:		First Name:		Middle Initial:
DOB:		Sex:	SSN:	
Address:			City:	
County:	State:	Zip Code:	Phone Number:	
Symptoms: (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Sore Throat <input type="checkbox"/> Runny Nose <input type="checkbox"/> Loss of Taste <input type="checkbox"/> Loss of Smell <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fatigue <input type="checkbox"/> Congestion <input type="checkbox"/> Other				Is the patient pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Possible
PARENT / LEGAL GUARDIAN INFORMATION				
Last Name:		First Name:		
DOB:	Relationship to Patient:		SSN:	
Address:			City:	
State:	Zip Code:	Phone Number:		

Collector Instructions (submit one form per specimen):

1. Verify the Patient and Parent/Legal Guardian Information section above is completed.
2. Collect the specimen and label tube with at least 2 patient identifiers (Patient Name and DOB).
3. Fill out the Specimen Collection Information below.
4. Place this completed form and labeled specimen in a biohazard bag to send for testing.

SPECIMEN COLLECTION INFORMATION	
Collection Date:	Collection Time:
Collection Site: <input type="checkbox"/> Mills Building <input type="checkbox"/> Forest Station Elementary	Collector Name:

CHILDREN'S USE ONLY			
Req. Entry Submitter:	OPS Covid Testing	Ordering/Authorizing Provider	Maloney, Christopher, MD
Associated Diagnosis:	Encounter for screening for COVID-19 [Z11.52]	Test Performed:	SARS-COV-2 (COVID-19) BY PCR (MISC REF LAB) [LAB4253]
Lab Reminders:	*OPS Contacts for any related questions: Devon Smith (531-299-9639) -OR- Lisa Swetson (531-299-9646)		