



Alaska State Public Health Laboratories

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SARS-CoV-2 (COVID-19) Request Form v04/10/2020

This Space is for Alaska State Laboratory Use Only

Patient Information: Preprinted Labels are Recommended				Submitter Information - Report Results to:					
Non-Human Sample		Two unique patient identifiers are required on the specimen and the requisition. Please print clearly.				Facility Name (Hospital/Clinic/etc.)		ICD10 Code	
Patient ID (Chart#, MR#)		Collection Date		Time am pm		Provider Name		Phone Number	
Last Name			First Name		MI	Mailing Address			Fax Number
Date of Birth		Gender	Patient Phone Number			City		State	Zip Code
Date of Death	Medicaid/Medicare #		City/Village		Patient eMail Address:				Project Code

Specimen Type SARS-CoV-2 (COVID-19) PCR <i>(check all that apply)</i> <input type="checkbox"/> Symptomatic <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Long term care resident <input type="checkbox"/> Inpatient <i>If the specimen was previously tested for SARS-CoV-2, please complete section below.</i> <i>Testing Platform Used</i> <i>SARS-CoV-2 Result</i> COLLECTION CENTER INFORMATION: <i>Capstone Clinic collects Pre-Op patient screening between 7:30am and 8:00am M-F and 10:00am to 11:00am Saturday and Sunday.</i> <i>State labs do NOT process samples on Sunday, we advise avoiding cases on Tuesdays until turn around time for samples processed on Sunday can be verified.</i> <i>Please place the date you have advised your patient to arrive at the collection site for testing in the space below.</i> CLINIC OR SURGERY CENTER NAME SEND RESULTS TO:	Patient Demographic Information		Epidemiological Investigations	
	Patient Mailing Address		Name of Epi Contact:	
City				
State		Zip Code		
Insurance carrier				
Subscriber ID (Include alpha prefix)				
Secondary Insurance carrier				
Secondary Subscriber ID (Include alpha prefix)				

Please refer to our Test Directory: <http://dhss.alaska.gov/dph/Labs/Documents/LaboratoryTests.pdf>, pg. 23

If the desired test is not on this form, please review: Anchorage Public Health Lab Request Form: <http://dhss.alaska.gov/dph/Labs/Documents/publications/AncSupplyReq.pdf>
Alaska State Virology Laboratory Form: <http://dhss.alaska.gov/dph/Labs/Documents/publications/FbxSupplyReq.pdf>