



# SARS-CoV-2 Sequencing Surveillance Laboratory Requisition

South Dakota Public Health Laboratory  
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Lab Use Only

Facility \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Provider \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number # \_\_\_\_\_

**Patient Information:**  
Patient name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ MI \_\_\_\_\_  
Patient Residence: County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female  Unknown  
 Asian  Hawaiian  Native American  
Race:  Black  White  Other \_\_\_\_\_ Ethnicity:  Hispanic  Non-Hispanic

**Specimen Collection Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Specimen Source:**  
 Nasopharyngeal (NP)  Oropharyngeal (OP)  
 Sputum  Nasal  Other \_\_\_\_\_

**Patient Information:**  
SARS-CoV-2 Vaccination  Yes  No  Unknown  
 1<sup>st</sup> Dose  2<sup>nd</sup> Dose Date of most recent dose: \_\_\_\_\_  
Hospitalized?  Yes  No  Unknown  
Death?  Yes  No  Unknown  
Travel History (14 days prior to onset) \_\_\_\_\_  
**Sample Information:**  
Viral Ct value ( $\leq 28$ ) \_\_\_\_\_  
Host control Ct value (RNase P or other) \_\_\_\_\_