

SARS-CoV-2 Laboratory Requisition and PUI Evaluation Form



South Dakota Public Health Laboratory
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Pierre, SD 57501
Phone 605-773-3368 Fax 605-773-8201
www.state.sd.us/doh/Lab

Lab Use Only

Facility _____ Phone # _____
Address _____ Physician _____
City _____

Patient Information: Patient ID _____
Patient name: (Last) _____ (First) _____ MI _____
Patient Address _____ Date of Birth ____/____/____ Sex ____ Race ____
City _____ State _____ Zip Code _____ Phone Number # _____

Specimen Collection Date:

____/____/____

Specimen Source:

- Nasopharyngeal (NP) Oropharyngeal (OP)
 Sputum Nasal Other _____

Patient Information:

Hospitalized: Yes No

Date of Onset ____/____/____

Is the Patient Symptomatic? Yes No

One or more symptoms: Cough Shortness of breath Pneumonia ARDS

Or at least two symptoms:

- Fever, highest: _____ Headache
 Chills Sore Throat
 Shaking with chills New loss of taste or smell
 Muscle Pain

Is the patient a healthcare worker, first responder, or active military or National Guard? Yes No

Does the Patient live in an institutional setting (e.g., long term care, assisted living, corrections?) Yes No

Pre-Existing medical conditions?

- Heart Disease Diabetes
 Lung Disease Pregnancy
 Immunosuppressed Other _____

***Please attach or include any relevant results. (such as Rapid FLU, RSV, or RPP)

Asymptomatic individuals Will NOT be tested