# SARS-CoV-2 Sequencing Surveillance Laboratory Requisition

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

Lab Use Only

Facility_____ Phone # _____

Address_____ Provider_____

City_____ State_____ Zip Code _____ Phone Number #_____

**Patient Information**:

Patient name: (Last)_____(First)_____ MI_____

Patient Residence: City _____ State _____ Zip Code _____

Date of Birth ____/_____/_____ Age_____ Gender ☐ Male ☐ Female ☐ Unknown

Race: ☐ Asian ☐ Hawaiian ☐ Native American
☐ 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 Manufacturer: _____
☐ 1st Dose Date: _____ ☐ 2nd Dose Date: _____

Pregnant? ☐ Yes ☐ No ☐ Unknown
Hospitalized? ☐ Yes ☐ No ☐ Unknown
Death? ☐ Yes ☐ No ☐ Unknown

Travel History (14 days prior to onset) _____

**Testing Information:**

☐ Abbott ☐ Hologic Panther
☐ BioFire ☐ Quidel
☐ Cepheid ☐ RT-PCR
☐ Diasorin ☐ Other: _____

Viral Ct ≤28 or
other numerical value: _____