Commonwealth of Virginia
Department of General Services
Division of Consolidated Laboratory Services
Richmond, Virginia

DCLS SARS-CoV-2 Sequencing Submission Form

**** USE THIS FORM FOR ALL SARS-CoV-2 WGS SEQUENCING TESTING REQUESTS****

PATIENT INFORMATION			SUBMITTER INFORMATION	
Last Name:			Submitting Facility:	
First Name:		M.I.	Address:	
Birth Date: / /	☐ Male ☐ Female		City:	
Address:			State:	Submitter Zip code:
City:	State:	Zip code:	Phone:	
County:			Fax:	
Client External ID (VDH/DCLS#):	Patient ID:		Facility Point of Contact:	

PATIENT MEDICAL HISTORY

Disease Diagnosis: **COVID-19**		Patient's First COVID Test? ☐ *Yes* ☐ *No* ☐ *UNK*	
Reason for Test Request: ☐ *SARS-CoV-2 Sequencing* ☐ *Genetic Variant Suspected* ☐ *Reinfection* ☐ *Vaccine breakthrough* ☐ *MIS-C*			
Patient Hospitalized? ☐ *Yes* ☐ *No* ☐ *UNK*		In ICU? ☐ *Yes* ☐ *No* ☐ *UNK*	
Employed in Health? ☐ *Yes* ☐ *No* ☐ *UNK*		* Resident in a congregate care setting? ☐ *Yes* ☐ *No* ☐ *UNK*	
Received COVID Vaccine? ☐ *Yes* ☐ *No*	Date of Last Vaccine: / /	Vaccine Maker:	Total # Doses Received:
Symptomatic? ☐ *Yes* ☐ *No* ☐ *UNK*	Date of Onset: / /		Deceased Date: / /
Diagnostic test performed: ☐ SARS-CoV-2 Molecular Detection (PCR)	Specify Molecular Test:		Ct values for SARS-CoV-2 PCR targets:
☐ SARS-CoV-2 Antigen	Specify Antigen Test:		

OUTBREAK INFORMATION

VDH Designated Outbreak #:	Site/Event Location:
Patient Role: ☐ *Healthcare Provider* ☐ *Healthcare Worker* ☐ *Staff* ☐ *Patient* ☐ *Resident* ☐ *Other:*	

SPECIMEN INFORMATION

Date Collected: / /	Time of Collection: : *(military time)*
Specimen Source: ☐ *Nasopharyngeal Swab* ☐ *Oropharyngeal/Throat Swab* ☐ *Nose (Nasal Passage)* ☐ *Saliva* ☐ *Sputum* ☐ *Bronchial Wash* ☐ *BAL* ☐ *Tracheal Aspirate* ☐ *Other:*	
Sample type submitted: ☐ *RNA extract* ☐ *Sample in viral transport medium*	

ADDITIONAL INFORMATION	**DCLS STATE LAB USE ONLY:** *Place DCLS Label in space provided.*

****Congregate Care Setting*** represents any nursing homes, correctional or treatment facilities, group homes, homeless shelters, or similar setting.