



Hospital of the University of Pennsylvania  
3400 Spruce Street, Philadelphia, PA 19104

**DIVISION OF LABORATORY MEDICINE**  
**Michael Feldman MD, PhD**  
Laboratory Director

**PATIENT LABEL**  
(NAME, MRN)

Date and Time Collected  
(required by law)

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Name of Collector  
(required by law)

Name: \_\_\_\_\_  
(print)

Requesting Provider name

Name: Dr. Benoit Dube  
(print)

**Client: STUDENT HEALTH COVID (SCVH)**



**COVID-19 (SARS-COV-2) RT-PCR**

**PX Code: COVID19**

Collect 1 – Nares Swab, in Viral Transport Media or Saline

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2**

<b>Patient Name:</b> (last, first, Middle initial)	
<b>Date of Birth:</b>	
<b>Sex:</b>	
<b>Race:</b>	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> East Indian <input type="checkbox"/> HLB-Hispanic Latino/Black <input type="checkbox"/> HLW- Hispanic Latino/White <input type="checkbox"/> Other <input type="checkbox"/> Pacific Island <input type="checkbox"/> Unknown <input type="checkbox"/> White
<b>Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Country:</b>	
<b>Phone Number:</b>	
<b>Ethnic Group:</b>	<input type="checkbox"/> Hispanic Latino <input type="checkbox"/> Non-Hispanic Non-Latino
<b>PennID number:</b>	