Advanced Diagnostic Laboratories National Jewish Health®

COVID-19 Business Group | 800.550.6227 | 303.270.2175 fax | njlabs.org

SHIP TO: National Jewish Health
Advanced Diagnostic Laboratories
1400 Jackson Street, Room D203
Denver, CO 80206

Please type or print all information.

1. ORGANIZATION INFORMATION

Organization Name		Organization ID	
Address	City	State	Zip
Phone	Fax		
Secure Email	Secure Fax		

2. PATIENT INFORMATION

Patient Name (Last, First)	☐ Male ☐ Female ☐ Neutral	DOB __ __ / __ __ / __ __ __ __	
Address	City	State	Zip
Phone	Ethnicity	Race	

3. PHYSICIAN INFORMATION

Ordering Physician			
Address	City	State	Zip
Phone	Fax		

4. PAYMENT INFORMATION

Client will be billed according to contract terms.

5. MOLECULAR TESTING

☐ COVD2	COVID-19 PCR

6. SEROLOGY

☐ COVDG	COVID-19 IgG antibody detection by ELISA

7. SPECIMEN INFORMATION

Submitted By	Date Submitted	Phone
Collection Time	Collection Date	
COVD2 Specimen Source	☐ Nasopharyngeal swab ☐ Midturbinate swab ☐ Nasal (anterior nares) swab	
COVDG Specimen Source	☐ Serum	

8. RELEASE OF INFORMATION

☐ I hereby authorize National Jewish Health Advanced Diagnostic Laboratories to release medical information concerning COVID-19 testing to the organization named below.

Patient Name	Organization
Signature (Parent/Guardian if patient is a minor)	Date

9. SPECIAL INSTRUCTIONS

INTERNAL USE

Received By	Date	Account#	MRUN	Accession

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