MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi Public Health Laboratory
570 East Woodrow Wilson Jackson, MS 39216
Phone: 601-576-7582 / Fax: 601-576-7720
CLIA #: 25D1096223

SARS-CoV-2 (Virus that causes COVID-19) Testing Requisition

For Community Testing Events ONLY. Please make sure the information on the form is legible and complete.

SUBMITTER INFORMATION ***PATIENT INFORMATION***

Patient ID Number			**PATIENT NAME (Last)**	**First**	**MI**	**Suffix**
Submitter (facility that will receive the final report)			**County of Residence**		**Date of Birth**	
Street Address			**Address**			
City	**State**	**Zip**	**City**	**State**	**Zip Code**	
Phone Number			**Phone Number**			

Specimens Submitted
(Please only submit one specimen type per patient)

- ☐ Nasopharyngeal swab (NP)
- ☐ Oropharyngeal swab (OP)
- ☐ Nasal mid-turbinate (NMT)
- ☐ Anterior nares (NS) swab
- ☐ Nasopharyngeal/Oropharyngeal combined swabs (NP/OP)

RACE

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black
- ☐ Pacific Islander/ Hawaiian
- ☐ White/ Caucasian
- ☐ Other

Test Requested:

- ☐ SARS Coronavirus 2 Real-Time RT-PCR
- ☐ SARS Coronavirus 2 IgG

Date of Collection:

ETHNICITY

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino

SEX

- ☐ Male
- ☐ Female