Bureau of Laboratory Services 250 N. 17th Avenue, Phoenix, Arizona 85007-3231 Tel: (602) 542-1188 Fax: (602) 364-0758

Novel Coronavirus 2019 Molecular Test Requisition Date Submitted: 3/25/2021 4:57:34 PM Submitted By: Lims Connect

ARIZONA DEPARTMENT OF HEALTH SERVICES

Order ID: **OID19210026531**

Patient Demographics		
Last Name: **10**		First Name: **Bo**
Date of Birth: **12/01/1979**		
Address: **str51-1**		City: **New City**
State: **CA**	County: **Out of State**	Zip Code: **66666**
Gender: **Female**	Pregnant: **Yes**	
Race: **Other**		Ethnicity: **Hispanic or Latino**
MRN: **MRN123**		Phone Number: **9876543210**

Submitter Information	
Facility Name: **Test Health Unit**	
Phone Number: **12252195200**	Fax Number: **12252194903**
Address: **1209 Leesville Avenue**	City: **Baton Rouge**
State: **LA**	Zip Code: **70802**
Ordering Physician: **ÃÃsdf, ÃÃsdf**	NPI: **2342342342**
Phone Number: **2342342342**	Fax Number:
Email: **Â´123Í°**	
Address:	City:
State:	Zip Code:

Specimen Information	
Test: **Novel Coronavirus 2019 Molecular Test**	Specimen Type: **Bronchoalveolar Lavage**
Sample Description:	
Collection Date: **3/15/2021 8:57:00 PM**	Onset Date:

Additional Comments/Information:

Q&A	
First test?	**No**
Is the patient employed in healthcare?	**No**
Is the patient symptomatic?	**No**
Is the patient admitted to a hospital?	**No**
Is the patient in the ICU?	**No**
Is the patient a resident in a congregate care setting?	**No**
Is the patient employed as a food handler?	**No**
Is the patient employed in child care?	**No**
Does the patient attend child care?	**No**
Is the patient employed in a congregate care setting?	**No**
Has the patient recently traveled?	**No**
Travel details (when, where)	

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Novel Coronavirus 2019 Molecular Test Requisition Date Submitted: 3/25/2021 4:54:44 PM Submitted By: Lims Connect

ARIZONA DEPARTMENT OF HEALTH SERVICES

Order ID: **OID19210026530**

Patient Demographics		
Last Name: **10**		First Name: **Bo**
Date of Birth: **12/01/1979**		
Address: **str51-1**		City: **New City**
State: **CA**	County: **Out of State**	Zip Code: **66666**
Gender: **Female**	Pregnant: **Yes**	
Race: **Other**		Ethnicity: **Hispanic or Latino**
MRN: **MRN123**		Phone Number: **9876543210**

Submitter Information	
Facility Name: **Test Health Unit**	
Phone Number: **12252195200**	Fax Number: **12252194903**
Address: **1209 Leesville Avenue**	City: **Baton Rouge**
State: **LA**	Zip Code: **70802**
Ordering Physician: **aaa aaa aaa, looooooong name**	NPI: **1234567890**
Phone Number: **9876543210**	Fax Number: **9876543211**
Email: **no**	
Address:	City:
State:	Zip Code:

Specimen Information	
Test: **Novel Coronavirus 2019 Molecular Test**	Specimen Type: **Mid-turbinate Nasal Swab**
Sample Description:	
Collection Date: **3/7/2021 10:54:00 PM**	Onset Date:

Additional Comments/Information:

Q&A	
First test?	**No**
Is the patient employed in healthcare?	**No**
Is the patient symptomatic?	**No**
Is the patient admitted to a hospital?	**No**
Is the patient in the ICU?	**No**
Is the patient a resident in a congregate care setting?	**No**
Is the patient employed as a food handler?	**No**
Is the patient employed in child care?	**No**
Does the patient attend child care?	**No**
Is the patient employed in a congregate care setting?	**No**
Has the patient recently traveled?	**No**
Travel details (when, where)	

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Bureau of Laboratory Services 250 N. 17th Avenue, Phoenix, Arizona 85007-3231 Tel: (602) 542-1188 Fax: (602) 364-0758

Novel Coronavirus 2019 Molecular Test Requisition Date Submitted: 3/25/2021 2:08:33 PM Submitted By: Lims Connect

ARIZONA DEPARTMENT OF HEALTH SERVICES

Order ID: **OID19210026529**

Patient Demographics		
Last Name: **10**		First Name: **Bo**
Date of Birth: **12/01/1979**		
Address: **str51-1**		City: **New City**
State: **CA**	County: **Out of State**	Zip Code: **66666**
Gender: **Female**	Pregnant: **Yes**	
Race: **Other**		Ethnicity: **Hispanic or Latino**
MRN: **MRN123**		Phone Number: **9876543210**

Submitter Information	
Facility Name: **Test Health Unit**	
Phone Number: **12252195200**	Fax Number: **12252194903**
Address: **1209 Leesville Avenue**	City: **Baton Rouge**
State: **LA**	Zip Code: **70802**
Ordering Physician: **Ail, Lia**	NPI: **1234567891**
Phone Number: **9997770000**	Fax Number: **9994441111**
Email: **no**	
Address: **1**	City: **2**
State: **TN**	Zip Code: **00002**

Specimen Information	
Test: **Novel Coronavirus 2019 Molecular Test**	Specimen Type: **Bronchoalveolar Lavage**
Sample Description:	
Collection Date: **3/14/2021 9:08:00 PM**	Onset Date:

Additional Comments/Information:

Q&A	
First test?	**No**
Is the patient employed in healthcare?	**No**
Is the patient symptomatic?	**No**
Is the patient admitted to a hospital?	**No**
Is the patient in the ICU?	**No**
Is the patient a resident in a congregate care setting?	**No**
Is the patient employed as a food handler?	**No**
Is the patient employed in child care?	**No**
Does the patient attend child care?	**No**
Is the patient employed in a congregate care setting?	**No**
Has the patient recently traveled?	**No**
Travel details (when, where)	

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