GENERAL SPECIMEN SUBMISSION FORM
MA STATE PUBLIC HEALTH LABORATORY
305 SOUTH STREET, JAMAICA PLAIN, MA 02130-3597
TEL: 617-983-6200

Do Not Use This Space

PRINT, APPLY LABEL OR STAMP: DO NOT ABBREVIATE **ONLY ONE TEST PER SUBMISSION FORM**

1. Submitting Facility (Receives Test Result):

Boston Medical Center / Clinical Microbiology Laboratory
670 Albany Street 7th floor room 716
Boston, MA 02118
617-638-7890 (24/7 lab number)
617-414-4348 (secure lab fax number)

2. Patient Info:

Last Name, First Name

Street Address

City, State Zip

Patient ID: Phone #:

4. Sex: ☐ M ☐ F ☐ Other **DOB:**_____

5. Race: (Check One)

☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ White
☐ Native Hawaiian or Pacific Islander ☐ Other

3. Ordering Clinician/ Phone# ***(required)*****:**
Nancy S. Miller, M.D., Medical Director, BMC Clinical Microbiology Laboratory, 617-638-7890 (24/7 BMC lab number)

Clinician Name (*First and Last Name)* Pager number#

6. Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

Test Requested:
2019 nCoV PCR
(required) One Per Form

Collection Date:
(required) One Per Form

Date of Onset:
(required)

Serology					
☐	Acute	☐	Contact	☐	Test of Cure
☐	Confirmation	☐	Surveillance	☐	
☐	Convalescent	☐	Symptomatic	☐	

Culture
Date of Culture:
Date of Subculture:
Sample Treated Y N If yes, how:

Source of Specimen: (required) One Per Form

☐	Anal canal	☐	Nasopharynx	☐	Stool	☐	Body Fluid (site)
☐	Blood	☐	Plasma	☐	Throat (pharynx)	☐	Bronchus (site)
☐	Bone Marrow	☐	Serum	☐	Urethra	☐	Exudates (site)
☐	Cervix	☐	Spinal Fluid	☐	Urine	☐	Wound (site)
☐	Gastric	☐	Sputum	☐		☐	Tissue (site)
☐	Other: (Specify)						

Additional Patient Information:

Symptoms, and Duration
Travel History (Dates and Locations)
Animal / Insect contact: (specify)
Relevant Immunizations (Dates)
Previous Laboratory Results
Patient status at time of collection (ER, inpatient, outpatient)

For information on testing, see **Manual of Laboratory Tests and Services**: http://www.mass.gov Search: manual lab

GENERAL SPECIMEN SUBMISSION FORM
MA STATE PUBLIC HEALTH LABORATORY
305 SOUTH STREET, JAMAICA PLAIN, MA 02130-3597
TEL: 617-983-6200

For information on testing, see **Manual of Laboratory Tests and Services**: http://www.mass.gov Search: manual lab