



Clinical laboratories are required to report results for all molecular, antigen, and serological tests for COVID-19 to New York State along with demographic data on each individual tested. The Department of Health now requires laboratories to report additional patient-specific information to New York State who, in turn, forwards it to the U.S. Dept. of HHS. The patient's full residential address and phone number, occupation and employer name, full work address and employer phone number needs to be reported in addition to prior data requirements, which include the race and ethnicity of the patient.

Health care providers must obtain the following required information when submitting specimens for testing.

Patient Demographics and Requesting Provider ***required information**

*Last name *First name MI * DOB *Gender

_____ / ____ / ____ Male Female Other

*Permanent Street Facility of Residence (if applicable) *City *State *Zip Code

*NYS County of Residence *Telephone Number

*Race (Select one or more) American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Pacific Islander White

*Ethnicity Hispanic or Latino Not Hispanic or Latino

*Is Patient Employed in Healthcare? Yes No

*Employer *Occupation *Work Telephone Number

*Work Street Address *City *State *Zip Code

NOTE: If Patient is a Student, then the Occupation field should be filled in with Student and the following must be completed:

*School Name _____ *School City _____ *School State _____ *School Zip _____
*School Phone _____ *School District _____

Specimen Information ***required information**

*Date Collected: ____/____/____ *Time Collected: _____ *Is this the first test? Yes No

*Is Patient Symptomatic? Yes No If answered Yes to Symptomatic. Date of Symptom Onset: ____/____/____

*Is Patient Hospitalized? Yes No *If yes, is Patient in ICU? Yes No

*Is Patient Pregnant? Yes No *Is Patient in a Congregate Care Setting? Yes No