

## Sinochips Diagnostics Coronavirus Disease 2019 (COVID-19) Testing

- **Patients Information not completed will be rejected.**
- Include a copy of the form with the specimen shipment to Sinochips Diagnostics.
- Forms with missing information will be rejected.

### PROVIDER INFORMATION

Facility Name: \_\_\_\_\_ Clinician Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

24/7 Phone Number for Positive Results (e.g., Hospital Lab, Infection Prevention): \_\_\_\_\_

Lab report delivery preference: Fax #: \_\_\_\_\_ Secure Email: \_\_\_\_\_

### PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Email address: \_\_\_\_\_ MRN (optional)#: \_\_\_\_\_

White  Black or African American

Race:  American Indian Or Alaska Native

Asian  Native Hawaiian / Pacific Islander

Hispanic or Latino

Ethnicity:

Not Hispanic or Latino

### SPECIMEN COLLECTION AND SHIPPING INSTRUCTIONS

**\*\*See below for specimen collection and shipping instructions\*\***

**\*\*Samples collected or shipped not in accordance with below instructions will be unsatisfactory for testing\*\***

Collection Type (Please Circle): Nasopharyngeal Swab    Oropharyngeal Swab    Sputum    Bronchoalveolar lavage    Serum    Aspirate    Other: \_\_\_\_\_

Accession(optional)#: \_\_\_\_\_ Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Ensure specimen is closed tightly to avoid leaking while shipping. \*Collection Date and Time is Required\*

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*By signing this form, you are agreeing that this person consents for testing. This form can be digitally signed.**

## Sinochips Diagnostics Coronavirus Disease 2019 (COVID-19) Testing

### Specimen Collection and Shipping Instructions

- Fill out the above Sinochips Diagnostics Coronavirus Disease 2019 (COVID-19) Testing Form above. Include a copy of the form with the specimen shipment.
  - Collect a nasopharyngeal (NP) swab using a synthetic fiber swab with plastic shaft (not wooden)
  - Insert swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions. An instructional video for NP swab collection can be found at [KDHE COVID-19 webpage](https://kdhe.ks.gov/covid-19/webpage) ( <https://vimeo.com/400033436> ) under the “Specimen Collection and Laboratory” tab.
- Label the specimen container with the patient’s name, Date of Birth, and specimen type.
- The NP swab should be placed in 2-3 mL of Viral Transport Media (VTM). If VTM is not available, sterile saline is acceptable in 1.5 mL to 2.5 mL.
- Ensure the specimen tube is tight and will not leak.
- Place NP swab into its own 95 kPa bag. Ensure that sufficient absorbent material is present in specimen transport bags.
- Place all specimens in resealable zip-top biohazard bag.
- Store specimens at 2-8°C and ship overnight on ice packs as a Category B infectious substance.
  - Rapid shipping is important - specimens must be tested within 48 hours of specimen collection. Ship overnight. Use a weekend delivery option if shipping near the weekend.
- Ship to:

Sinochips Diagnostics  
2002 W. 39th Ave  
Kansas City, KS 66103
- Courier Delivery:
  - We would like the delivery at the back of the building if possible. You can put this into google maps: [395R+7F Kansas City, Kansas](https://www.google.com/maps/place/395R+7F+Kansas+City,+Kansas) or click this link: [Google Maps](https://www.google.com/maps/place/395R+7F+Kansas+City,+Kansas) and it will direct you correctly to the back of the building. Secondary option is to park on the street right in front of our door on 39<sup>th</sup> St (NW corner of 39<sup>th</sup> St and Cambridge, on 39<sup>th</sup>). When the courier arrives, Call [877-746-6244 EXT 805](tel:877-746-6244). It rings all phones and we will meet you outside for pickup of the samples.