Beth Israel Lahey Health

BILH COVID-19 PCR TESTING SITES & OPERATIONAL DETAILS

Updated: 6/1/2020

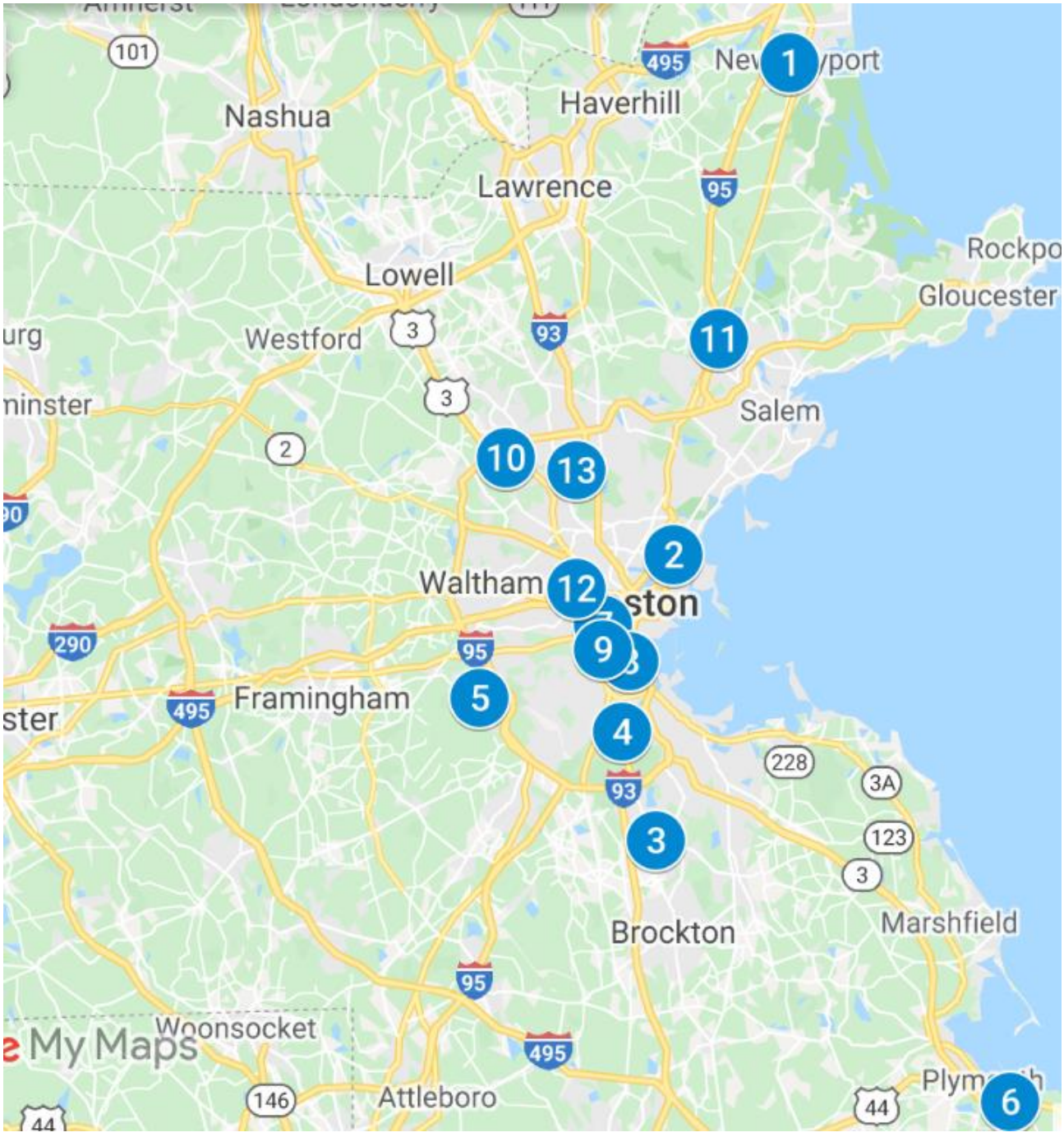
Please refer to the online document posted here for the most up to date information.

The following BILH locations have COVID-19 PCR testing sites and can accommodate pre-operative and pre-procedure testing, in addition to routine testing. Providers should first screen patients using the BILH COVID-19 Testing Prioritization for appropriateness of testing before referring to any sites.

Please note that all sites require a physician order and appointment unless specified (* †).

Location	Street Address	Map Number
Anna Jaques Hospital	25 Highland Ave, Newburyport, MA	1
Beth Israel Deaconess Healthcare – Chelsea*†	1000 Broadway, Chelsea, MA	2
Beth Israel Deaconess Healthcare – Randolph*	32 S Main St, Randolph, MA	3
Beth Israel Deaconess Hospital – Milton	199 Reedsdale Rd, Milton, MA	4
Beth Israel Deaconess Hospital – Needham	148 Chestnut St, Needham, MA	5
Beth Israel Deaconess Hospital – Plymouth	281 Sandwich St, Plymouth, MA	6
Beth Israel Deaconess Medical Center	330 Brookline Ave, Boston, MA	7
Bowdoin Street Health Center*†	230 Bowdoin St, Dorchester, MA	8
The Dimock Center	55 Dimock St, Roxbury, MA	9
Lahey Hospital and Medical Center†	41 Mall Rd, Burlington, MA	10
Lahey Health Urgent Care, Danvers	480 Maple St, Danvers, MA	11
Mount Auburn Hospital	330 Mt Auburn St, Cambridge, MA	12
Winchester Hospital†	620 Washington St, Winchester, MA	13

* Sites do not require a physician order
† Sites do not require an appointment


101
Nashua
Haverhill
495
95
Lawrence
Lowell
Rockpo
Gloucester
Westford
3
93
11
Salem
2
10
13
Waltham
12
ston
290
95
9
5
Framingham
495
4
228
3A
93
3
123
Brockton
Marshfield
95
My Maps
Woonsocket
495
146
Attleboro
44
6

Anna Jaques Hospital

Testing Address: 25 Highland Avenue Newburyport, MA

Testing Location: Drive-thru outside Emergency Department (entrance at 23 Rawson Ave)

Testing Hours of Operation: 7 days a week from 8am-6pm

Phone Number (providers only): 978-834-8210

Physician Order Required: Yes

Appointment Required: Yes

Provider Ordering Instructions:

- Call AJH Access at 978-834-8210 to schedule patient appointment
- Fax the following documents to the Emergency Department at 978-463-1163:
    - Written test order
    - Completed COVID-19 Testing Patient Information Sheet (see page 19)
- Call patient to provide the appointment time, and let them know they will be receiving a call from AJH Access to complete the registration process

Patient Instructions:

- Provider will call patient with scheduled appointment time
- AJH Access will call patient to complete registration
- When arriving to the Emergency Department patient should:
    - Pull into the white tent
    - If able, call the ER at 978-463-1050 to announce arrival
- Patients should arrive at testing site wearing a mask

Results:

- Positive results will be called to ordering physician
- Negative results will not be called and will be auto-faxed or sent through EMR

Beth Israel Deaconess Healthcare – Chelsea

Testing Address: 1000 Broadway, Chelsea, MA

Testing Location: Drive-thru tent outside of facility, in left side of parking lot adjacent to Cabot St.

Testing Hours of Operation: Monday-Friday from 10am-6pm

Saturday-Sunday from 9am-2pm

Phone Number (providers only): (617) 975-6262

Physician Order Required: No. Walk-ins are accepted; patients will be screened and order completed. For a scheduled appointment, an order is needed.

Appointment Required: No

Provider Ordering Instructions:

- **To order:**
  - **WebOMR providers:** Order test directly in WebOMR
  - **Providers without WebOMR access:** Send order via fax to (617) 975-6151 or scan and send via email (BIDHCChelseaSupportStaff@bidmc.harvard.edu).
- **To initiate scheduling (not required):** Email BIDHCChelseaSupportStaff@bidmc.harvard.edu or call (617) 975-6262 with the following information:
  - Patient Name
  - DOB or MRN

Patient Instructions:

- No appointment or physician order required
- If test is through physician order, patient will be contacted regarding a test date and time
- Patients should arrive at testing site wearing a mask
- Patients can walk, drive, or bike in

Results:

- Nurses will call patients with positive and negative results.
- Results reside in WebOMR. For providers without WebOMR access, results will be faxed.

Beth Israel Deaconess Healthcare – Randolph

Testing Address: 32 S Main Street, Randolph, MA

Testing Location: Parking lot

Testing Hours of Operation: Monday-Friday from 10am-4pm

Phone Number: 781-607-4355

Physician Order Required: No

Appointment Required: Yes. Randolph residents only.

Provider Ordering Instructions:

- **Athena providers:** Order in EMR. Patient case is sent to COVID Randolph testing site staff to schedule the appointment with documentation that the patient meets the criteria for screening.
- **Non-Athena providers:** Instruct patients to call 781-607-4355

Patient Instructions:

- **If a physician order has been placed:** Patient will be contacted by the Randolph testing site staff to schedule an appointment.
- **If a physician order has not been placed**: Patient calls 781-607-4355 to schedule appointment
- Patient should arrive to site with a mask and preferably alone.

Results:

- Patient will receive call if positive 48-72 hours after test. If negative, the patient will receive a letter in mail within 7 days.

Beth Israel Deaconess Hospital – Milton

Testing Address: 199 Reedsdale Road Milton, MA

Testing Location: Drive-thru testing site in front of Reedsdale Road Entrance (weather permitting)

Testing Hours of Operation: Monday, Tuesday, Thursday, Friday from 9am-4pm
Wednesday 10am-3pm based on scheduling need

Phone number (providers only): 857-345-2559

Physician Order Required: Yes

Appointment Required: Yes

Provider Ordering Instructions:

- **WebOMR:**
  - The COVID-19 test is in TEST. Users select:
    - New Order
    - BID-Needham/Milton
    - BID-Milton
    - COVID-19
      - For preoperative or pre-procedure testing please select "Preoperative/Pre-Procedure COVID-19 PCR" and include date of procedure and date test is needed on/by
  - Enter the ICD-10; the test is pre-checked.
  - Print and fax to 617-313-1400
- **All other providers:** Please utilize the order form (see page 20), and manually fax to 617-313-1400 (must be clearly written).

Patient Instructions:

- Patient will be contacted by BID Milton scheduler to make an appointment. Please do not ask patients to call BID Milton to schedule an appointment.
- Patient should arrive at testing site wearing a mask and stay in their vehicle during their entire visit.

Results:

- Tests ordered by Employee Health have results communicated to patients by Employee Health
- All other patient results are communicated to patients by Health Care Quality team
- Results are returned to ordering provider

Beth Israel Deaconess Hospital – Needham

Testing Address: 148 Chestnut Street Needham, MA

Testing Location: Drive up in front of main hospital parking at entrance to Outpatient Clinical Center

Testing Hours of Operation: Monday-Friday from 7:30am-3pm

Phone Number (providers only): 781-453-3006

Physician Order Required: Yes

Appointment Required: Yes

Provider Ordering Instructions:

- Please note: if order does not include signs and symptoms, the ordering provider will be contacted before appointment can be scheduled.
- **WebOMR:**
    - The COVID-19 test is in TEST. Users select:
        - New Order
        - BID-Needham/Milton
        - BID-Needham
        - COVID-19
            - For preoperative or pre-procedure testing please select “Preoperative/Pre-Procedure COVID-19 PCR” and include date of procedure and date test is needed on/by
    - Users then enter the ICD-10; the test is pre-checked.
    - This will fax to 781-449-1281 upon signing.
- **Athena**: Please use the order set and enter manually into the A/P called “**BID-Needham- COVID-19 order”**. This will fax directly to our schedulers.
- **eCW:** Please order Covid-19 through eCW, **and** manually fax to 781-449-1281.
- **All other providers:** Please utilize the order form (see page 21), and manually fax to 781-449-1281 (must be clearly written).

Patient Instructions:

- Patient will be contacted by BID Needham scheduler to make an appointment. Please do not ask patients to call BID Needham to schedule an appointment.
- Patient should arrive at testing site wearing a mask and stay in their vehicle during their entire visit.

Results:

- Positive results will be called to ordering physician
- Negative results will not be called and will be filed into EMR or how practice usually results
- Tests ordered by OHS have results communicated to patients by OHS

Beth Israel Deaconess Hospital – Plymouth

Testing Address: 281 Sandwich St, Plymouth, MA

Testing Location: Main campus parking lot B

Testing Hours of Operation: Monday-Friday from 10am-3pm

Phone Number (providers only): 855-465-2220

Physician Order Required: Yes

Appointment Required: Yes

Provider Ordering Instructions:

- Physician Orders:
    - Fax orders to Central Wide Scheduling (CWS) at 508-830-2789
    - CWS will call patient to register and schedule appointment
- Symptomatic Fire, Police, and Ambulance First Responders and Nursing Home and Assisted Living staff who reside or are employed in hospital's service area are able to be tested without a separate physician order – see below for instructions.

Patient Instructions:

- For patients with physician orders: Central Wide Scheduling (CWS) will call patient to register and schedule appointment (CWS is available M-F 8am-5:30pm)
- For first responders and nursing home/assisted living staff:
    - First Responder or Nursing Home/Assisted Living Staff Calls the COVID-19 hotline Monday-Friday from 8am-5:30pm at 855-465-2220
    - Clinician will screen and place order as appropriate
    - Central Wide Scheduling (CWS) will call patient to register and schedule appointment (CWS is available Monday-Friday 8am-5:30pm)
- Patients should keep car window closed until instructed to roll down by staff in the tent

Results:

- BILH providers to find results via the Web Portal Links/Magic Buttons to Expanse; ordering provider will communicate results to patient.
- First Responders and Nursing Home and Assisted Living staff – will call patient with results

Beth Israel Deaconess Medical Center

Testing Address: 330 Brookline Ave, Boston, MA 02215

Testing Location: East campus of hospital, at the entrance to Finard, just east of 330 Brookline Ave entrance

Testing Hours of Operation: Monday-Friday from 8am-7pm; Saturday-Sunday from 8:30am-5pm

Phone Number (providers only): 617-667-5880 or email COVIDTestingReferral@bidmc.harvard.edu

Physician Order Required: Yes

Appointment Required: Yes

Provider Ordering Instructions:

- **WebOMR providers:**
  - For practices with an established workflow per the Ambulatory COVID-19 Regional Cohort List (BIDMC portal access needed):
    - Order test directly in WebOMR (see appendix for instructions)
    - Email AmbulatoryTestScheduling@bidmc.harvard.edu with required patient information after order is placed to initiate scheduling.
    - If you are referring larger numbers of patients, the patient list template can be used to request testing: Patient List Template for COVID-19 Testing (BIDMC portal access needed)
  - For specialty practices or private practices that do not have an established workflow:
    - Email COVIDTestingReferral@bidmc.harvard.edu or call 617-667-5880 during hours of operation with required patient information.
    - If appropriate for testing:
      - Referring provider orders test directly in WebOMR
      - Referring provider provides patient counseling on need for COVID-19 PCR testing and use of NP swab (see appendix for script)
      - If patient requires registration at BIDMC, patient should be prepared to provide insurance information
    - If an established workflow is desired, please notify site operations at BIDMCAmbulatoryTesting@bidmc.harvard.edu and identify a point of contact for referrals

Required Patient Information
- Patient Name
- DOB
- MRN
- Phone Number
- Primary Language
- Risk Category
- Brief description of symptoms
- Phone counseling/screening confirmation
- Referring Provider

Beth Israel Deaconess Medical Center (Cont.)

- **All other providers:**
    - Email COVIDTestingReferral@bidmc.harvard.edu or call 617-667-5880 during hours of operation with required patient information.
    - If appropriate for testing:
        - On-site provider will order test directly in WebOMR
        - Referring provider provides patient counseling on need for COVID-19 PCR testing and use of NP swab (see appendix for script)
        - If patient requires registration at BIDMC, patient should be prepared to provide insurance information
    - If an established workflow is desired, please notify site operations at BIDMCAmbulatoryTesting@bidmc.harvard.edu and identify a point of contact for referrals

Patient Instructions:

- Once someone is referred to the ambulatory testing center, they are contacted within 1 day by the ambulatory testing area to schedule an appointment date/time with directions to the testing site
- Currently we do not have a wait time. Between 8:00-5:00PM, patients are typically contacted within the hour of referral. Patients are scheduled for testing same or next day.
- Patients should arrive at the ambulatory testing site wearing a mask or face covering and bring tissues with them.
- Patients must arrive by private vehicle. No public transportation or ride apps are allowed per MA DPH policy if patient is symptomatic.
- Patients without a private vehicle may walk, bike, or be driven by a contact who has already been exposed.
- Testing candidates are provided with a handout “Home Care Instructions for Patients and Their Caregivers when COVID-19 is Suspected or Confirmed” before departure.

Results:

- Test results for swabs processed at BIDMC are available within 24-48 hours. Tests processed at a commercial lab may take longer. Use of a commercial lab for test processing is based on COVID-19 Testing Prioritization Strategy and test volume. This may be subject to change.
- Providers who directly place webOMR order for testing will be responsible for communication of results to patients.
- Providers without webOMR access for ordering may use the magic button to access results. Patients will be notified by the on-site provider.
- Employee health is managing communication of results for BIDMC and BSHC employees
- There may be some exceptions to this workflow and those clinics are aware.

Bowdoin Street Health Center

Testing Address: 230 Bowdoin Street, Dorchester, MA

Testing Location: BSHC parking lot

Testing Hours of Operation: Monday-Friday from 10am-4pm; Saturday 10am-1pm

Phone Number (providers only): 617-754-0100

Physician Order Required: No. Walk-ins are accepted. Scheduled appointments require an order.

Appointment Required: No

Provider Ordering Instructions:

- **To order:**
  - **WebOMR providers:** Order test directly in WebOMR
  - **Providers without WebOMR access:** Fax the written test order to 617-754-0210
- **To schedule an appointment:**
  - Patient can call 617-754-0100
  - Provider can email BSHC-Registration@bidmc.harvard.edu with the following:
    - Patient name
    - DOB
    - MRN
    - Primary language spoken
    - Risk category
    - Brief description of symptoms
    - Phone counselling/screening
    - Order in place

Patient Instructions:

- Bowdoin Street Health Center welcomes all patients, including those who are uninsured. We do not ask about your immigration status.
- You do not need to be a current patient of Bowdoin Street Health Center in order to be tested.
- If you have an appointment and arrive by car, you may stay in your car for the duration of your test. If you arrive by car without an appointment, you will be asked to park your vehicle and walk up to your visit.
- Walk-up visits are also offered if you do not arrive by car.

Results:

- Positive and negative results will be communicated by the test site to the patient and to ordering provider if in OMR.

The Dimock Center

Testing Address: 55 Dimock St, Roxbury, MA

Testing Location: Richards building front circle

Testing Hours of Operation: Monday-Friday from 10am-3pm (hours subject to change based on demand)

Phone Number (providers only): 617-442-8800 x2683

Physician Order Required: No

Appointment Required: No, but strongly encouraged

Provider Ordering Instructions:

- Patient can call the scheduler at 617-442-8800 x2683; eligibility screening will be completed by scheduler; symptomatic patients and asymptomatic contacts of confirmed COVID cases will be scheduled automatically. If patient does not meet screening eligibility, will be offered an evaluation by provider.
- Alternatively, BILH partner providers can screen for eligibility. If patient meets eligibility, provider or designee can call scheduler to request appointment. Provider should place order directly into OMR.

Patient Instructions:

- Patient can call the scheduler at 617-442-8800 x2683 for screening and appointment scheduling
- We accommodate drive-up or walkers
- Encouraged to bring ID if available

Results:

- Results communicated directly to patients. Printed lab results provided to patient upon request
- Results are available for viewing on OMR

Lahey Hospital and Medical Center

Testing Address: 41 Mall Rd, Burlington, MA

Testing Location: Drive-thru at Patient Parking Garage Entrance, 41 Mall Road, Burlington, MA

Testing Hours of Operation: 7 days a week 8am-4:30pm

Phone Number (providers only): 781-744-9207

Physician Order Required: Yes

Appointment Required: No appointment necessary however, pre-registration **is** required

Provider Ordering Instructions:

- **To order:**
    - **Epic providers (legacy Lahey):** Order test directly in Epic and ***include Priority Level of Testing (1-5)***
    - **All other providers:** Orders are faxed to Patient Access Call Center at 781-744-3657 including the following information:
        - Patient full name, DOB, address, phone number, insurance carrier
        - Ordering provider full name (first, last and middle initial), address, phone number, and fax number
        - If possible, the order should note what day the patient will be coming in for the testing
        - Priority level of testing 1-5 * ***(if level if not included in the order the test will be sent out as level 4/5= >24 hours results return, lower urgency)***
        - Written or electronic signature
        - ICD-10 code
- **To initiate pre-registration (required):** provider offices call 781-744-8700

Patient Instructions:

- Patients may arrive any time during the hours of operation after the pre-registration is completed
- LHMC Patient Registration will instruct the patient to go to the drive through location at the Patient Parking Garage Entrance at 41 Mall Road Burlington, MA.

Results:

- Results are sent directly to the ordering provider who will then communicate them to the patient
- Results will be sent to the provider via auto fax for Lahey Epic provider or manual fax for all other providers

Lahey Outpatient Center Danvers/Urgent Care Center

Testing Address: 480 Maple St, Danvers, MA

Testing Location: Drive-through site located on the left side of the building

Testing Hours of Operation: Monday-Friday 9:30am-5pm

Saturday/Sunday 9:30am-2pm

Phone Number (providers only): 978-304-8380

Physician Order Required: Yes

Appointment Required: Yes

Provider Ordering Instructions:

- All providers - BILH & non-BILH, Epic & non-Epic EMR - order the same way
- Provider completes General Submission Form (see page 22) and faxes form to 978-304-8389
- Urgent Care staff then contacts the patient, verifies S/S, registers the patient in Epic, schedules the testing appointment & reviews the drive-through testing process with the patient.
- Note: at this time, patients outside of priority levels 1-5 will be declined for testing and the provider is notified

Patient Instructions:

- Patient remains in the car through the entire process
- All car occupants must have face-covering
- Patient is advised to keep car window up until directed
- Patient must bring license or proof of identify – or testing will be declined

Results:

- Lahey Epic providers: results flow into the record
- All other providers: providers can view results via the Web Portal Links/Magic Buttons and are also auto-faxed

Mount Auburn Hospital

Testing Address: 330 Mt Auburn St, Cambridge, MA

Testing Location: Drive-thru in Emergency Department garage space, accessed via ED parking garage entrance in the left lane

Testing Hours of Operation: 7 days a week 9am-5pm

Phone Number (providers only): (617) 492-3500 x3647

Physician Order Required: Yes

Appointment Required: Yes

Provider Ordering Instructions:

- Call the MAH COVID-19 hotline (617) 492-3500 x3647 to speak with an RN to screen for testing
- MAH Staff: Place order in MAH Epic EMR for COVID testing
- Non-MAH Staff: Hotline RN will place the order to be co-signed by Anne McCaffrey, MD who oversees the COVID testing area

Patient Instructions:

- Hotline RN will call patient and instruct them to drive to MAH during open hours
    - Park in designated area for testing and remain in car
    - Call ED registration upon arrival at (617) 499-5756
- Test Team will go to car and perform nasopharyngeal swab while patient remains in car
- Patients should arrive at testing site wearing a mask

Results:

- Results are called, both positive and negative to patient by RN
- Results are routed to ordering provider in MAH Epic EMR
- If not on MAH Epic, providers can view results via the Web Portal Links/Magic Buttons

Winchester Hospital

Testing Address: 620 Washington Street Winchester, MA

Testing Location: Drive-thru located about 1/4 mile from the hospital; security onsite to provide directions

Testing Hours of Operation: Monday-Friday from 9am-5pm

Saturdays from 9am-3pm

Physician Order Required: Yes

Appointment Required: No

Provider Ordering Instructions:

- **Lahey Epic providers:** Order test directly in Epic
- **All other providers:**
    - Fax order to 781-756-5037 or provide paper copy to patient
    - Please note drive-thru on the order
    - Include the following information:
        - Full physician name (first, last, middle initial)
        - NPI Number
        - Address
        - Phone number
        - Fax number

Patient Instructions:

- No appointment necessary. Patient can arrive at testing site any time during hours of operation after receiving a physician order.
- Registration will be completed onsite (~10 minutes)
- Patients should arrive at testing site wearing a mask

Results:

- Positive results will be called to ordering physician
- Written report is auto faxed to ordering physician

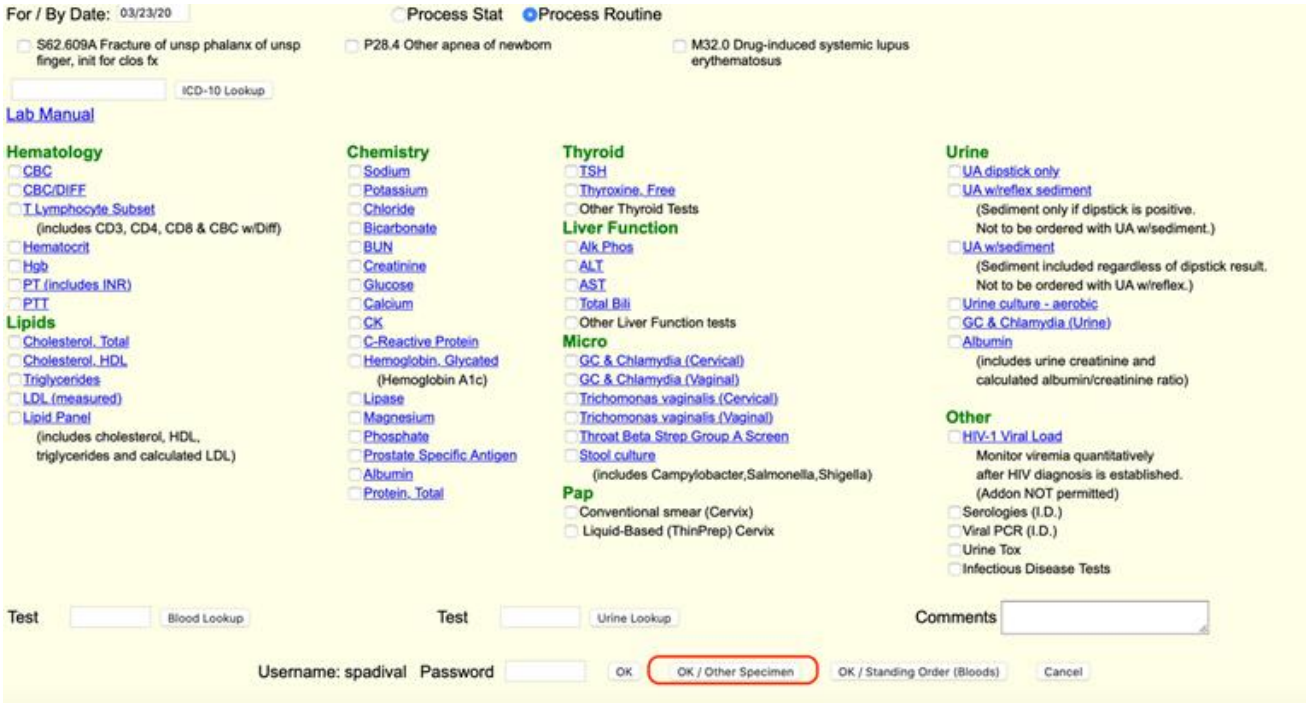
Appendix

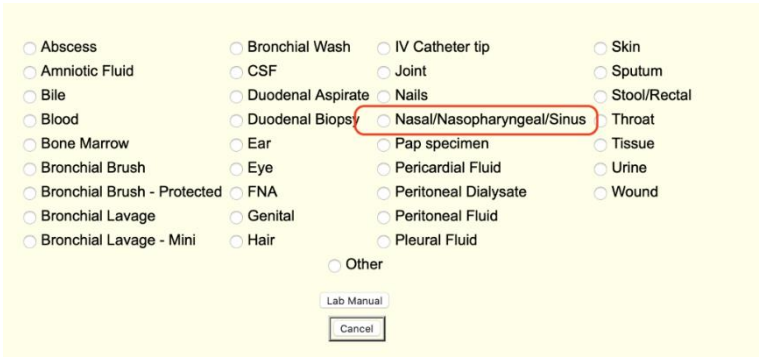
Sample Phone Script for Screening and Counseling:

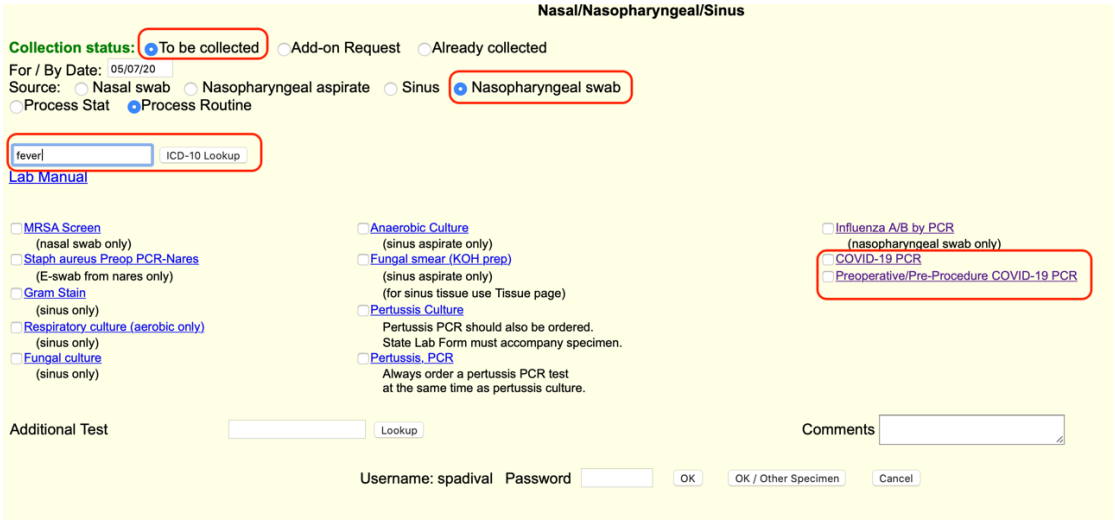
The patient was notified that the Ambulatory Drive-Thru Testing Site will call to schedule an appointment for COVID-19 testing. The patient was notified that the appointment will be for testing only and not for medical evaluation. Any additional questions about symptoms and illness management were directed back to the PCP.

The patient was counseled on administration of a nasopharyngeal swab (Swab will be inserted through the nostril, advanced deeply towards the back of the nose, twisted several times; The test duration is several seconds, and it can be uncomfortable. Nosebleeds may occur). The patient was also counseled that the swab is for the novel Coronavirus infection only. Patient will be provided a handout reviewing aftercare while awaiting COVID-19 testing results. The patient will be notified once test results are available.

Instructions for test ordering in WebOMR:







Beth Israel Lahey Health
Anna Jaques Hospital

COVID-19 Testing Patient Information Sheet

Step 1: Testing Criteria

Determine eligibility for Priority Level 5 testing using the BILH Criteria (*see separate sheet*).

Step 2: Call AJH Access to Schedule Patient Appointment - 978-834-8210

Once the patient meets testing criteria, the PCP office must call AJH Access to schedule an appointment for testing. Testing is conducted in a tent outside the Emergency Department directly from the patient's car. Testing will be available Monday-Friday from 8am-6pm and takes about 20 minutes.

Step 3: Provide Patient Information

Patient's Name _____

Contact Number _____

Is the patient a health care worker or first responder? Yes □ No □

Is the patient from a nursing home or a group home? Yes □ No □

Appointment date / time assigned by Access _____

Step 4: Send fax to Emergency Department - 978-463-1163

Once an appointment has been made with AJH Access, the following must be faxed:

- A written order for the test
- This completed form

Step 5: Call the patient with appointment and testing directions

Please call your patient to provide the appointment time, and let them know they will be receiving a call from AJH Access to complete the registration process.

When the patient arrives to the Emergency Department, instruct him/her to pull into the white tent and if able, call the ER at 978-463-1050 to announce their arrival.

4/14/2020

Beth Israel Lahey Health
Beth Israel Deaconess Hospital
Milton

LPPO

Facsimile #: (617) 313–1400

COVID–19 LABORATORY TEST REQUISITION AND VERBAL CONSENT ATTESTATION

PATIENT INFORMATION:		
Print Patient Last Name:	**Print Patient First Name:**	**Date of Birth:**
Print Mailing Address:		
Cell Phone #:	**Home Phone #:**	
Name of Medical Insurance:	**Insurance Policy #:**	

TEST REQUISITION:
❒ **COVID–19 BIDMC, 87635**
Patient Signs and Symptoms:

PROVIDER INFORMATION:		
Print Primary Care Physician Name:	**Telephone #:**	**Fax #:**
Print Referring Physician Name:	**Telephone #:**	**Fax #:**

ORDERING PROVIDER REQUEST FOR COVID–19 LABORATORY TEST AND ATTESTATION(S) OF VERBAL CONSENT OBTAINED IN LIEU OF PATIENT SIGNATURE:

I understand to minimize the infection control risks related to sharing pens and clipboards during the COVID–19 outbreak Beth Israel Deaconess–Milton is temporarily suspending certain patient signature requirements.

I am requesting a COVID–19 test and have provided verbal explanation of the risks and benefits of this testing to this patient or legal representative and documented the conversation and the patient's consent with specificity in the medical record and other required forms of documentation. I am authorized to obtain verbal consent.

X_____ _____ ____/____/_____ ___ __:__ __ Oa.m. Op.m.
Signature **Circle:** Physician / N.P. / P.A. Print Name Date Time (24 hour)

COMPLETE IF PATIENT IS AN UNEMANCIPATED MINOR OR IS OTHERWISE UNABLE TO CONSENT:
Authorized Representative for Unemancipated Minor (under age 18 years): Parent, Legal Guardian, Foster Parent with DSS Authorization or DSS.

X_____ ____/____/_____ ___ __:__ __ O a.m. Op.m.
Print Name of Authorized Representative Date Time (24 hour)

COMPLETE IF TRANSLATOR / INTERPRETER PARTICIPATED in OBTAINING VERBAL CONSENT:

X _____
_____
Print First Name and Last Name of Translator Print Name of Department or Agency of Translator

Beth Israel Lahey Health
Beth Israel Deaconess Hospital
Needham

COVID-19 LABORATORY TEST REQUISITION AND VERBAL CONSENT ATTESTATION

Telephone #: 781-453-3000 Facsimile #: 781-449-1281

PATIENT INFORMATION		
Print Patient Last Name:	**Print Patient First Name:**	**Date of Birth:**
Print Mailing Address:		
Cell Phone #:	**Home Phone #:**	
Name of Medical Insurance:	**Insurance Policy #:**	

TEST REQUISITION: ☐ **COVID-19**

TYPE OF PATIENT:

☐ **Pre-op/Pre-procedure** **Date of procedure:** _____

☐ **Healthcare personnel, including first responders**

☐ **Symptomatic outpatient**

☐ **Asymptomatic outpatient with close contact of a person with confirmed COVID19**

ICD CODE:

PROVIDER INFORMATION		
Ordering Provider Name:	**Telephone #:**	**Fax #:**
Primary Care Physician:		

ORDERING PROVIDER REQUEST FOR COVID-19 LABORATORY TEST AND ATTESTATION(S) OF VERBAL CONSENT OBTAINED IN LIEU OF PATIENT SIGNATURE:

I understand to minimize the infection control risks related to sharing pens and clipboards during the COVID-19 outbreak Beth Israel Deaconess-Needham is temporarily suspending certain patient signature requirements.

I am requesting a COVID-19 test and have provided verbal explanation of the risks and benefits of this testing to this patient or legal representative and documented the conversation and the patient's consent with specificity in the medical record and other required forms of documentation. I am authorized to obtain verbal consent.

X_____ _____ ____/____/_____ ___ __:__ __ O a.m. O p.m.
Signature **Circle:** Physician / N.P. / P.A. Print Name Date Time (24 hour)

COMPLETE IF PATIENT IS AN UNEMANCIPATED MINOR OR IS OTHERWISE UNABLE TO CONSENT:
*Authorized Representative for Unemancipated Minor (*under age 18 years): Parent, Legal Guardian, Foster Parent with DSS Authorization or DSS.

X_____ _____/_____/_____ ___ __: __ __ O a.m. O p.m.
Print Name of Authorized Representative Date Time (24 hour)

COMPLETE IF TRANSLATOR / INTERPRETER PARTICIPATED in OBTAINING VERBAL CONSENT:

X _____ _____
Print First Name and Last Name of Translator Print Name of Department or Agency of Translator

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):

Facility / Laboratory Name *(required)*

Street Address

City, State Zip

Phone # Secure Fax #:

2. Patient Info:

Last Name, First Name

Street Address

City, State Zip

Patient ID: Phone #:

3. Ordering Clinician/ Phone# *(required)*:

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

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

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

Test Requested: _____ (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