

DRIVE-THRU AND WALK-IN TESTING
PROVIDER REFERRAL FOR COVID-19 SPECIMEN COLLECTION
FROM UCSF BENIOFF CHILDRENS HOSPITALS

This information is essential to ordering the COVID-19 test properly.

Referral date: _____

Level of urgency (pick one): **HIGH** **MEDIUM** **LOW**

Physician name: _____

Physician office phone: (____)____ - _____

Office/physician phone for immediate reporting of positive results:

(____)____ - _____

Phone for immediate after-hours reporting if different from above:

(____)____ - _____

Physician fax: (____)____ - _____

NPI: _____

Patient name: _____

DOB: ____/____/____

APeX MRN (if they have one): _____

Patient sex: M F Other

Patient/parent's preferred language, if other than English: _____

Parent/guardian name: _____

Parent/guardian home phone: (____)____ - _____

Parent/guardian cell phone: (____)____ - _____

Parent/guardian email address (for instructions for test site): _____

Insurance information:

Company: _____

ID#: _____

Testing criteria: Patient MUST be symptomatic with at least one of the following to meet criteria for testing. Please check all that apply:

- Fever
- Cough
- Dyspnea
- Myalgias
- URI symptoms
- Loss of taste or smell
- Conjunctivitis
- GI symptoms (nausea, vomiting, diarrhea)

Additional questions:

Does the patient have a pending admission?

- Yes
- No

Is the patient a healthcare worker or first responder?

- Yes
- No

Is the patient in contact with a congregate setting (e.g., rehab, dialysis center, infusion center, dormitory)?

- Yes
- No

Is the patient scheduled for urgent outpatient procedure or study...

- in the next 24 hours? (**HIGH URGENCY**)
- In the next 96 hours? (**LOW URGENCY**)

Does the patient or any member of the household have a potentially compromising medical condition (e.g., immunocompromised, chronic respiratory condition including asthma, cardiac condition, diabetes, pregnancy, household member > 60 years old)?

- Yes
- No

PLEASE FAX THIS REFERRAL INFO TO (510) 450-7975, WHICH WILL TRIGGER THE REGISTRATION AND APPOINTMENT CALL. THANK YOU VERY MUCH.