

REQUISITION FORM
Infectious Disease Diagnostics Laboratory
Children's Hospital of Philadelphia

Department Pathology & Laboratory Medicine,
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<http://www.chop.edu/centers-programs/infectious-disease-diagnostics-laboratory>

Complete Lab Test Directory and collection/transport information can be found at: <https://www.testmenu.com/chop>

PATIENT INFORMATION (Demographic information is REQUIRED)

Patient Name:		Date of Birth:	Gender:
Patient Address (REQUIRED):			
Phone:			
Specimen Source:		Requesting Physician/Laboratory:	
Collection Date and Time:		Collector:	
Client:		Client Phone:	
		Client Fax:	
Test requested: <input type="checkbox"/> SARS-CoV-2 RT-PCR			
Special Instructions:			

Labeling Requirements for sample per Job Aid: Specimen Labeling

- Two patient identifiers:
 - For inpatients, name and MR# is required.
 - For outpatients, name and DOB is required.
- Full legible name of the specimen collector with credentials
- Date and time of collection

*Patients MUST have active registration in order for the laboratory to place the order.