



Oklahoma State University

Oklahoma Animal Disease Diagnostic Laboratory
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Email: covid19testing@okstate.edu

Laboratory Director:
Anil Kaul, M.D., DDS, MPH
CLIA #: 37D2180955

Please, PRINT; *indicates required fields

Patient Information

Name* (last) _____ (first) _____ (initial) _____

DOB* ____ / ____ / ____

Address _____

City _____ State ____ Zip _____

Sex:* M F

(mark all applicable)

Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino Unknown Native Hawaiian/Other Pacific Islander
Race: White Black/African American Asian American Indian/ Alaska Native
 Other

Submitter Information

Practitioner Name* (last) _____ (first) _____ (initial) _____

NPI _____ Facility Name* _____

Phone # () - Fax # () -

Address* _____

City* _____ State ____ Zip* _____

Clinical Information

Diagnosis _____

Onset (mm-dd-yyy) ____ / ____ / ____

Antibiotics (list and start dates) _____

Specimen Information

Collection Date (mm-dd-yyy)* ____ / ____ / ____ Time (hour:minute) _____ AM / PM By _____

Source/Type* (check one only)

- Blood Serum Urine Stool CSF Pleural fluid Pericardial fluid Blood smears
- Sputum, expect. Sputum, induced Bronchial brush Bronchial wash Bronchoalveolar lavage Tracheal aspirate
- Nasopharynx Oropharynx Nasal wash Eye Rectum/anus Vagina Cervix
- Tissue (specify): Wound/Lesion (specify):
- Cultured isolate (specify suspect agent): Environmental (specify):
- Other (specify):

Test Request

COVID-19