



VDH COVID-19 Lab Requisition Form – UMW Testing Event

Patient Information

Last Name:	First Name:	Role: <input type="checkbox"/> Staff <input type="checkbox"/> Student
Date of Birth:	Sex:	Pregnancy Status:
Address:		
City:	State:	Zip:
Phone:	Email:	
Ethnicity:	Race:	

Lab

Name: Next Molecular	CLIA#: 49D2104154	Address: 11601 Iron Bridge Rd, Chester, VA 23831
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Facility and Health District Information

Facility Name: University of Mary Washington	Facility Address: Anderson Center 1301 College Ave Fredericksburg, VA 22401	
Onsite POC Name: Betsy Southern	Onsite POC Phone: 540-760-7353	Email: esouthe2@umw.edu
Local Health District: Rappahannock	Fax Number for Results: 540-654-1077	
Ordering Provider: Nancy L. Wang	NPI: 1982668398	
District POC Name: Chris Patterson	Phone: (804) 905-8623	Email: chris.patterson@vdh.virginia.gov

TO be completed by staff:

Collection Information

Test: COVID-19

Specimen Source: ☐ Nasopharyngeal Swab ☐ Oropharyngeal/Throat Swab ☐ Nose (Nasal Passage) ☐ Sputum
☐ Bronchial Wash ☐ BAL ☐ Blood ☐ Serum ☐ Other: _____

Date of Collection: _____
(Completed at Time of Collection)

Time of Collection: _____
(Completed at Time of Collection)

Accession Number: _____

Note: All Fields Must Be Answered