|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Received in Laboratory | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| covid-19 (SARS-COV-2) SEQUENCing REQUISITION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Michigan Department of Health and Human Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bureau of Laboratories (BOL) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PO Box 30035 3350 North Martin Luther King Jr. Blvd. Lansing, MI 48909  Laboratory Records: 517-335-8059 Technical Information: 517-335-8067 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fax: 517-335-9871 Web: www.michigan.gov/mdhhslab | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Print in UPPERCASE using dark pen | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **SUBMITTER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Submitter Information  (Printed, Typed or Stamped) |  | | | | | | | |  |  |  | | |  | Agency Code (If Known) | | | | | | | | | | | | | |
|  |  |  | | |  |  |  | | |  |  |  | | |  |  |  |  |  |
|  |  |  | | |  | Telephone | | | | | | | | | | | | | |
|  |  |  | | |  |  |  | | |  |  |  | | |  |  |  |  |  |
|  |  |  | | |  | Fax | | | | | | | | | | | | | |
|  |  |  | | |  |  |  | | |  |  |  | | |  |  |  |  |  |
| **PATIENT/SPECIMEN INFORMATION (COMPLETE ALL FIELDS)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MDHHS Specimen # | | Date Collected | | | | | County | | | | | | | | | | | | | | | | | | | | | |
| 1 | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Patient Name (Last, First) | | | | | | | Date of Birth | | | | | | | | | | Sex | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | Male | | | | | Female | | | | | | |
| Race | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| American Indian or Alaskan Native | | | | Asian | | | | | | | | Black or African American | | | | | | | | | | | | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | White | | | | | | | | Other | | | | | | | | | | | | | | | | |
| MDHHS Specimen # | | Date Collected | | | | | County | | | | | | | | | | | | | | | | | | | | | |
| 2 | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Patient Name (Last, First) | | | | | | | Date of Birth | | | | | | | | | | Sex | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | Male | | | | | Female | | | | | | |
| Race | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| American Indian or Alaskan Native | | | | Asian | | | | | | | | Black or African American | | | | | | | | | | | | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | White | | | | | | | | Other | | | | | | | | | | | | | | | | |
| MDHHS Specimen # | | Date Collected | | | | | County | | | | | | | | | | | | | | | | | | | | | |
| 3 | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Patient Name (Last, First) | | | | | | | Date of Birth | | | | | | | | | | Sex | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | Male | | | | | Female | | | | | | |
| Race | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| American Indian or Alaskan Native | | | | Asian | | | | | | | | Black or African American | | | | | | | | | | | | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | White | | | | | | | | Other | | | | | | | | | | | | | | | | |
| MDHHS Specimen # | | Date Collected | | | | | County | | | | | | | | | | | | | | | | | | | | | |
| 4 | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Patient Name (Last, First) | | | | | | | Date of Birth | | | | | | | | | | Sex | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | Male | | | | | Female | | | | | | |
| Race | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| American Indian or Alaskan Native | | | | Asian | | | | | | | | Black or African American | | | | | | | | | | | | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | White | | | | | | | | Other | | | | | | | | | | | | | | | | |
| MDHHS Specimen # | | Date Collected | | | | | County | | | | | | | | | | | | | | | | | | | | | |
| 5 | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Patient Name (Last, First) | | | | | | | Date of Birth | | | | | | | | | | Sex | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | Male | | | | | Female | | | | | | |
| Race | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| American Indian or Alaskan Native | | | | Asian | | | | | | | | Black or African American | | | | | | | | | | | | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | White | | | | | | | | Other | | | | | | | | | | | | | | | | |
| MDHHS Specimen # | | Date Collected | | | | | County | | | | | | | | | | | | | | | | | | | | | |
| 6 | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Patient Name (Last, First) | | | | | | | Date of Birth | | | | | | | | | | Sex | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | Male | | | | | Female | | | | | | |
| Race | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| American Indian or Alaskan Native | | | | Asian | | | | | | | | Black or African American | | | | | | | | | | | | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | White | | | | | | | | Other | | | | | | | | | | | | | | | | |
| MDHHS Specimen # | | Date Collected | | | | | County | | | | | | | | | | | | | | | | | | | | | |
| 7 | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Patient Name (Last, First) | | | | | | | Date of Birth | | | | | | | | | | Sex | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | Male | | | | | Female | | | | | | |
| Race | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| American Indian or Alaskan Native | | | | Asian | | | | | | | | Black or African American | | | | | | | | | | | | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | White | | | | | | | | Other | | | | | | | | | | | | | | | | |
| MDHHS Specimen # | | Date Collected | | | | | County | | | | | | | | | | | | | | | | | | | | | |
| 8 | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Patient Name (Last, First) | | | | | | | Date of Birth | | | | | | | | | | Sex | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | Male | | | | | Female | | | | | | |
| Race | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| American Indian or Alaskan Native | | | | Asian | | | | | | | | Black or African American | | | | | | | | | | | | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | White | | | | | | | | Other | | | | | | | | | | | | | | | | |
| MDHHS Specimen # | | | Date Collected | | | | | County | | | | | | | | | | | | | | | | | | | | |
| 9 | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Patient Name (Last, First) | | | | | | | | Date of Birth | | | | | | | | | | Sex | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | Male | | | | | Female | | | | | |
| Race | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| American Indian or Alaskan Native | | | | | Asian | | | | | | | | Black or African American | | | | | | | | | | | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | | White | | | | | | | | Other | | | | | | | | | | | | | | | |
| MDHHS Specimen # | | | Date Collected | | | | | County | | | | | | | | | | | | | | | | | | | | |
| 10 | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Patient Name (Last, First) | | | | | | | | Date of Birth | | | | | | | | | | Sex | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | Male | | | | | Female | | | | | |
| Race | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| American Indian or Alaskan Native | | | | | Asian | | | | | | | | Black or African American | | | | | | | | | | | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | | White | | | | | | | | Other | | | | | | | | | | | | | | | |
| The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender, identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person’s eligibility. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By Authority of Act 368, P.A. 1978 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |