CLINICAL GENOMICS - VIROLOGY

COVID-19 Whole Genome Sequencing

All Fields Required

PATIENT INFORMATION

Name (First, MI, Last) | Date of Birth | Sex ☐ Male ☐ Female

Address

City | State | Zip Code | Country

Phone # | Email | Language

Medical Record # | Race | Ethnicity

ORDERING PHYSICIAN INFORMATION

Name | NPI #

Practice/Institution

Address

City | State | Zip Code

Primary Phone # | Fax # or Email

TEST MENU *Please choose the appropriate test to be executed on the submitted specimen*

☐ **JAX COVID-19 Whole Genome Sequencing (WGS) Assay***

**WGS Assay includes a COVID-19 PCR test with reflex to SARS-CoV-2 whole genome sequencing*

SPECIMEN INFORMATION *Please see specimen requirements for test specific acceptance criteria*

Specimen ID | Test Order Date

Specimen Source (e.g., Nasopharyngeal) | Specimen Type (e.g., Swab)

Date Collected | Time Collected

BILLING INFORMATION *Please check one*

☐ ***Institution or Study***

Institution/Study Name | Panel Code

☐ ***Insurance*** (*attach copies of front and back of card*) *or* ☐ ***Medicare – Part B***

Company Name

Member ID | Group

Insured Name | Relationship to Patient ☐ Self ☐ Spouse ☐ Child ☐ Other

City | State | Zip Code

Date of Birth | Phone

Patient Status (check one) ☐ Inpatient - Date of Discharge:____________________ ☐ Outpatient ☐ Non-Hospital Patient

Note: A completed Advance Benefit Notice (ABN) of coverage is required for all Medicare patients (See www.jax.org/clinical-genomics or contact JAX for form)

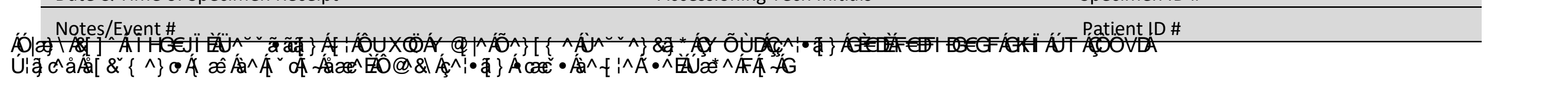
☐ ***Self-Pay***

Name | Email | Phone #

Laboratory Use Only

Date & Time of Specimen Receipt | Accessioning Tech Initials | Specimen ID #

Notes/Event # | Patient ID #



ASK AT ORDERED ENTRY

1) First Test ☐ Yes ☐ No
2) Pregnant ☐ Yes ☐ No
3) Symptomatic ☐ Yes ☐ No
4) If yes, Date of Symptom Onset

5) Hospitalized ☐ Yes ☐ No
6) ICU ☐ Yes ☐ No
7) Employed in Healthcare ☐ Yes ☐ No
8) If yes, specify occupation

9) Preoperative Sample ☐ Yes ☐ No
10) Congregate Care Setting ☐ Yes ☐ No
11) If yes, specify care setting

AUTHORIZATION

I certify (a) that the laboratory test requested is medically necessary and will assist me in treating my patient, (b) that I have informed the patient and/or their legal representative of the benefits, risks and limitations of the test, (c) and that I have obtained the patient's informed consent, to the extent legally required, to permit The Jackson Laboratory to (i) perform the testing specified herein, (ii) retain the test results for an indefinite period for internal quality assurance/operations purposes, (iii) de-identify the test results and use or disclose for future unspecified research or other purposes, and (iv) release the test results to the patient's third party payor as needed for reimbursement purposes.

Ordering Physician Signature   Date

SPECIMEN REQUIREMENTS

Preferred Specimen Types	Available Tests	Specimen Collection Requirements	Shipping Temperature	Sample Storage for Transport	Amount & Quality Requirements
Nasopharyngeal (NP) Swab Oropharyngeal (OP) Swab Nasal mid-turbinate (NMT) Swab Anterior Nares (AN) Swab	JAX COVID-19 Whole Genome Sequencing (WGS) Assay	Swab specimens should be collected only on swabs with a synthetic tip (such as polyester or Dacron®) with aluminum or plastic shafts. Swabs with calcium alginate or cotton tips with wooden shafts are not acceptable. Swab specimens should be collected or supervised by a healthcare professional. Place swabs immediately in sterile tubes containing at least 1 mL of sterile virus transport medium.	Up to 72 hours after collection: 2°C - 25°C in saline Up to 120 hours after collection: 2°C-35°C in viral transport medium (VTM) >120 hours from collection: -70°C or below and ship on dry ice Up to 1 month after collection: 2°C-37°C in Zeesan/MP+ Viral RNA Preservation Buffer	Sample should be collected into sterile, labeled tubes, placed in a secondary biohazard container to contain any leakage	≥ 1 mL of sample in sterile virus transport medium

Unacceptable specimens include:

- Specimens not kept at appropriate temperature.
- Incomplete specimen labeling or documentation.
- Inappropriate specimen type.
- Insufficient specimen volume.
- Insufficient specimen packaging.
  - A sample tube that is improperly secured that spills during shipment will lead to rejection of all samples in the shipment affected by the spilled specimen to avoid cross-contamination.

The Clinical Genomics Laboratory at The Jackson Laboratory requires samples and shipments to meet acceptability criteria applicable to the test order. In order to maintain compliance with regularly updated guidance from applicable regulatory agencies, this criteria is subject to change. Refer to the materials provided in our Frequently Asked Questions for Providers to ensure specimens are submitted in accordance with the lab's current acceptability criteria: https://www.jax.org/coronavirus-information/provider-information

Any specimens not meeting the above criteria will be processed at the discretion of the Clinical Laboratory Director. All samples are subject to additional downstream QC requirements. Please contact the laboratory for questions regarding acceptable specimens.

OTHER INDIVIDUALS TO BE COPIED ON REPORT

Name   Name
Email or Fax #   Email or Fax #

SHIPPING ADDRESS

Clinical Genomics Laboratory
The Jackson Laboratory for Genomic Medicine
10 Discovery Drive
Farmington, CT 06032

CONTACT JAX

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Email: CGL_CS@jax.org
Please use this email for service related questions only. Due to the sensitive nature of PHI do not submit this requisition via unencrypted email.