

## Ask at Order Entry (AOE) Questions for COVID-19 Testing

Please complete the following patient assessment questions when ordering the SARS-CoV-2 Serology (COVID-19) Antibody (IgG), Immunoassay test. **Completion of patient demographics and assessment questions are required by the US Department of Health and Human Services for all COVID-19 testing.**<sup>1</sup>

### Instructions:

1. Print this form and complete patient demographics and all questions (below) prior to ordering the SARS-CoV-2 Serology (COVID-19) Antibody (IgG), Immunoassay test (Order Code 39504) through Cleveland HeartLab.
2. Attach this form to the Cleveland HeartLab (CHL) requisition and ship with specimen for the SARS-CoV-2 Serology test.
3. **Please Note:** This form is not required if the test is being ordered on the Cleveland HeartLab SARS-CoV-2 Serology Ab Client Bill (RLF-0683) or Insurance Bill (RLF-0684) requisition forms. These specific requisition forms contain both the order choice for the COVID-19 serology test and AOE questions.

### Patient Demographics:

<b>DOB</b>	___ / ___ / _____	<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>Last Name</b>		<b>First Name</b>		<b>Middle Initial</b>	
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	

### AOE Questions for COVID-19:

1. Is this the patient's first test for COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Given
2. Is the patient employed in a healthcare setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Given
3. Does the patient have symptoms related to COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Given
4. Date of symptom onset:	___ / ___ / _____	<input type="checkbox"/> Not Given	
5. Was the patient hospitalized because of COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Given
6. Was the patient admitted to the intensive care unit (ICU) for COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Given
7. Does the patient reside in a congregate care setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Given
8. Is the patient pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Given
9. Race:	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Hawaii Pacific Islander	<input type="checkbox"/> American Indian/Alaskan Native	
	<input type="checkbox"/> White	<input type="checkbox"/> Other Race	<input type="checkbox"/> Not Given
10. Ethnicity:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Not Given
11. Specimen Source – Serology:	<input type="checkbox"/> Serum		<input type="checkbox"/> Not Given

**Reminder: Attach this form to the patient's requisition form and ship with specimen for SARS-CoV-2 serology testing.**

Cleveland HeartLab is dedicated to providing quality lab results to you and your patients. Please do not hesitate to contact us at 1.866.358.9828, Option 1, if there are any questions or concerns.

### Reference:

1. US Department of Health and Human Services. COVID-19 Pandemic Response, Laboratory Data Reporting: CARES Act Section 18115. Published June 4, 2020. Accessed September 1, 2020. <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>

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