



## MEMORANDUM

**TO:** Catholic Health Medical Staff  
**FROM:** James J Jarnot, MBA, MT (ASCP), SC; Technical Director, CH Laboratory  
**DATE:** September 22, 2020  
**SUBJECT:** **New Reporting Requirements for COVID Testing**

Certain laboratory test results and demographic information are required to be reported to state and federal government agencies. Recently New York State has added the requirement for COVID testing laboratories to report whether the patient being tested for COVID is attending school, and if so the name of the school, their place of employment, and whether the individual works or volunteers in an elementary, secondary, or post –secondary school. Additionally, the individual’s local address and permanent address if different must be reported.

This information is currently not captured in the registration process of any of our Medical Record systems (Medhost, Meditech, Soarian or Soft). As such, this information must now be requested prior to the collection process and recorded manually.

A form has been created to record this information. Note that this information is needed whether the testing is performed “in-house” at Catholic Health or sent out to a reference laboratory. When the patient sample is sent to the laboratory, it must be accompanied by the completed form.

A copy of the required form is attached for your convenience. Please distribute as you see appropriate.

Thank you

Attachment: COVID Testing Information Form

Patient Label or

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**COVID/INFLUENZA REQUEST INFORMATION**

**1) Please check the indication for testing:**

- Symptomatic
- Exposure
- Screening

**2) Please indicate care level:**

- Labor & Delivery- Unscheduled
- Clearview
- Critical Care Admission
- Symptomatic Admission\*  
\*Or Unable to Provide History
- Asymptomatic Admission
- Urgent/Emergent Surgery

**Inpatient:**

- New symptoms
- Screening for Qualified Procedure
- D/C Screening to Sub-Acute Facility
- Exposure to Positive Patient

**Outpatient**

- Associate Health
- ED discharge
- Outpatient
- Screening for Procedure:  
\*Surgery, Procedure, or L&D

Procedure Date \_\_\_\_\_

**1. Is the patient a student?**     YES     NO     DECLINED     UNKNOWN

School Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**2. Is the patient employed?**     YES     NO     DECLINED     UNKNOWN

Check here if CHS associate, address not required

*Employer 1*

Employer 1 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

*Employer 2*

Employer 2 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**3. Does the patient work or volunteer in an elementary, secondary, or post-secondary school?**

YES     NO     DECLINED     UNKNOWN

Location Name \_\_\_\_\_

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**4. Local Address, if different than Permanent Address provided at registration:**

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**\*\*REVISION 9/16\*\***