North Coast Testing Partnership (NCTP)

Dr. John Shufeldt, Laboratory Director
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NCTP LAB USE ONLY

DATE & TIME RECEIVED

SPECIMENS COULD BE REJECTED OR DELAYED IF ALLTHE INFORMATION BELOW IS NOT FULLY PROVIDED
PLEASE PRINT CLEARLY AND ATTACH FACE SHEET IF POSSIBLE

PATIENT'S LAST NAME | FIRST | MI

ETHNICITY: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

RACE: ☐ American Indian or Alaska Native ☐ Asian
☐ Multiple Race ☐ Native Hawaiian or Other Pacific Islander
☐ Other ☐ White
☐ Black / African American

GENDER: ☐ Female ☐ Male ☐ Trans-Male ☐ Trans-Female ☐ Unknown

DOB | EMAIL

PREGNANCY STATUS (if known)

RESPONSIBLE PARTY (for minors) | PATIENT PHONE #

MAILING ADDRESS

CITY/STATE/ZIP

SUBMITTING AGENCY

Blue Lake Rancheria

Po Box 428
Blue Lake, CA 95525

Full Name of Ordering Provider

John Shufeldt

NPI # of Provider

1114955440

SPECIMEN SOURCE:

☐ OTHER: _____ ☐ Anterior Nares (Left and Right) ☐ NP SWAB (Nasopharyngeal) ☐ OP SWAB (Oralpharyngeal) ☐ Mid-Turbinate Swab

DATE AND TIME COLLECTED:

COLLECTED BY

SPECIMEN CONDITION: ☐ FROZEN ☐ REFRIGERATED

TEST REQUESTED: COVID-19 PCR

PRIORITY LEVEL (PLEASE CIRCLE ONE): 1 2 3 4

NCTP LAB USE ONLY

LAB CLIENT #

LAB SPECIMEN #

COMMENTS / OTHER: