



Laboratory Bulletin
COVID Testing CARES ACT
Requirement

Dear Biotech Health Care Provider,

Clinical Laboratories are required to report every test performed to detect SARS-CoV-2 or diagnose a possible case of COVID-19 (e.g., viral, serology). The Department of Health and Human Services (HHS) has issued NEW reporting requirements as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. This bulletin provides the steps that you will need to take to provide reportable data.

HHS has mandated that anyone who orders a COVID-19 test, collects a specimen, or performs a laboratory test must make every reasonable effort to collect complete demographic information and must include these data when ordering a laboratory test to enable the entities that perform the test to report the data to state and jurisdictional health departments.

If you order in your commercial EMR, you will also need to submit the COVID data reporting sheet provided by the laboratory until your EMR has been updated to include these questions.

The COVID Data Requirements questions follow on page 2



COVID DATA ELEMENTS REPORTING SHEET

| | |
|---|--|
| LAST NAME | FIRST |
| STREET ADDRESS | CITY STATE ZIP |
| COUNTY | |
| DATE OF BIRTH (MM/DD/YY) | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| PHONE NUMBER | |
| COVID Data Requirements | |
| RACE: (Circle One) (AMER/INDIAN,ALASKAN NATIVE) (ASIAN) (NATIVE HAWIIAN/PACIFIC ISLANDER) (AFRICAN AMERICAN) (WHITE) (HISPANIC) (OTHER) (UNKNOWN) | |
| ETHNICITY: (Circle One) (NON HISPANIC) (HISPANIC) (UNKNOWN) | |
| 1. First Test? | Circle One: (Yes) (No) (Unknown) |
| 2. Employed in Healthcare? | Circle One: (Yes) (No) (Unknown) |
| 3. Symptomatic as defined by CDC? | Circle One: (Yes) (No) (Unknown) |
| <i>If yes to question 3 above Date of symptom onset: MM/DD/YY</i> | |
| 4. Hospitalized? | Circle One: (Yes) (No) (Unknown) |
| 5. ICU? | Circle One: (Yes) (No) (Unknown) |
| 6. Resident in a congregate setting (including nursing homes, residential care for people with intellectual and developmental disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care, or other setting?) | Circle One: (Yes) (No) (Unknown) |
| 7. Pregnant? | Circle One: (Pregnant) (Not Pregnant) (Unknown) |