

# Specimen Point of Collection Instructions for Healthcare Providers

Steps for the healthcare provider to complete the assessment:

Step 1: After the healthcare provider determines that COVID-19 testing is appropriate, they should access the link to the request form: <https://dhpexternal.dph.ga.gov/spoc.html>. The following screen will appear.



Georgia Department of Public Health COVID-19 Test Referral:

This test referral form is to identify if your patient meets the criteria for testing. Please answer the questions below. If your patient does not meet the criteria you will be given a notice. If they meet the criteria, you will be directed to complete the Specimen Point of Collection(SPOC) referral form. Once you fill out the referral form you will receive a PUI number for your patient. Please be sure and select the appropriate SPOC location for your patient. A list of facilities will be available on the referral form.

1. Does your facility have the capacity to collect specimens for COVID-19 testing?  Yes  No
2. Is this patient currently experiencing symptoms of respiratory illness (i.e. fever, cough, shortness of breath)?  Yes  No
3. Is this patient in any of the following groups?
  - Adult aged 60 or older
  - Caregiver for elderly (age 60 or older)
  - Caregiver for immune compromised person
  - First responder who is critical to the epidemic response
  - Healthcare worker
  - Patient with serious chronic medical conditions like: heart disease, diabetes, or lung disease
  - Work or live in congregate setting Yes  No

Step 2: Healthcare provider should answer the first set of three questions to determine if their patient meets the testing criteria. If they do not meet the criteria, they will be provided an information screen.

Step 3: If the patient meets the criteria for testing, the healthcare provider will be automatically directed to the full screening survey to complete the assessment.

Note that the collection location is a required data element and must be specified.

## SPOC Screening Form COVID-19

CLINICIAN INFORMATION	
1. Hospital/Facility Name	Test Facility
2. Hospital/Facility Address	
3. Clinician Name	Test Clinician
4. Clinician Phone	111   122   2222
5. Facility Email (POINT OF CONTACT FOR ALL SUBSEQUENT COMMUNICATION- INCLUDING RESULTS) Please ensure this email is correct	
6. Secondary Contact Email Address	
7. Hospital/Facility Point of Contact	
8. Hospital/Facility Point of Contact Phone	
9. Facility Fax	
10. Date/Time of form submission:	17-MAR-20 01:57:51 PM
11. Collection Location	Laurens Spoc

PATIENT INFORMATION	
1. Last Name	Soetebier
2. First Name	Karl
3. Date of Birth	01 / 01 / 2001
4. Phone	222   222   2222
5. Age	12 Years
6. Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown <input type="radio"/> Other
7. Address	
8. City of Residence	
9. Patient Zip Code	
10. County of Residence	Choose One
11. District of Residence	Choose One
12. State of Residence	Choose One

CLINICAL INFORMATION	
1. Date of symptom onset:	
2. During this illness, did the patient experience any of the following symptoms? (Please answer yes, no, or unknown to each symptom.)	

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Once complete the healthcare provider will receive a confirmation message with the PUI number and the location of the specimen point of collection site. The healthcare provider must notify the patient of their approval and the location site for testing.



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Your testing referral has been received by DPH, Your patient has been assigned the PUI# **465321**.

Please inform your patient that they will receive a call from the **District 3-3, Morrow** specimen point of collection location to shedule an appointment. Thank you.

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