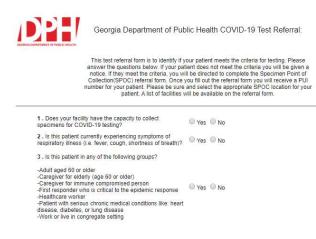
Specimen Point of Collection Instructions for Healthcare Providers

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: <u>https://dhpexternal.dph.ga.gov/spoc.html</u>. The following screen will appear.



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.

| INICIAN INFORMATION | |
|--|-----------------------------------|
| I. Hospital/Facility Name | Test Facility |
| 2. Hospital/Facility Address | |
| 3. Clinician Name | Test Clinician |
| L. Clinician Phone | 111 - 122 - 2222 |
| 5 . Facility Email (POINT OF CONTACT FOR ALL SUBSEQUENT COMMUNICATION- INLCUDING RESULT S!) Please ensure this email is correct! | |
| S. Secondary Contact Email Address | |
| I. Hospital/Facility Point of Contact | |
| . Hospital/Facility Point of Contact Phone | |
| . Facility Fax | |
| 10 . Date/Time of form submission: | 17-MAR-20 01.57.51 PM |
| 11. Collection Location | Laurens Spoc 🗸 |
| . First Name | Karl |
| . Date of Birth | 01 /01 /2001 |
| . Phone | 222 -222 -2222 |
| i.Age | 12 Years |
| Gender | O Male O Female O Unknown O Other |
| Address | |
| | |
| 3. City of Residence | |
| | |
| 6 . City of Residence 9 . Patient Zip Code 0 . County of Residence | Choose One |
| Patient Zip Code | Choose One |
| Patient Zip Code County of Residence | |
| | Choose One |
| | Choose One |

Specimen Point of Collection Instructions for Healthcare Providers

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.



Georgia Department of Public Health COVID-19 Test Referral:

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.