COLORADO
Department of Public Health & Environment

COVID-19 (Coronavirus) Reporting Form

This form is **ONLY** to be used for reporting COVID-19 (Coronavirus Disease). Please go to **https://www.colorado.gov/cdphe/report-a-disease** for guidance on reporting other diseases. **Fields marked with an asterisk (*) are required**.

Patient Demographics

*First name: | *Last name: | *Date of birth:

*Home address: | *City: | *Phone:

*Zip: | *County: | Patient ID/MR #:

*Sex	Is patient pregnant?	*Race	*Ethnicity:
☐ Male ☐ Female ☐ Female to Male ☐ Male to Female	☐ Yes ☐ No ☐ Unknown	☐ Asian ☐ White ☐ Unknown ☐ Refused ☐ Black or African American ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ Other:	☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Is patient living in an institution at time of diagnosis? ☐ Yes ☐ No ☐ Unknown

Institution type: ☐ Long-term care facility ☐ Detention center ☐ Other:

Institution name:

Is patient hospitalized? ☐ Yes ☐ No ☐ Unknown

Hospital name: | Admit date: | Discharge date:

Outcome: ☐ Alive ☐ Patient died | Date of death:

Provider Information

*Provider name: | *Clinic name:

*Address: | *City: | *Zip:

*County: | Fax: | *Phone:

Laboratory Information

Where was test performed? ☐ Sent to lab ☐ Point of care | *Test brand:

Lab Accession #: | Testing lab:

*Collection date: | Test result date: | Originating lab:

*Specimen type (check all that apply)	*Testing performed (check all that apply)	*Result
☐ Nasopharyngeal Swab (NP Swab)	☐ PCR	☐ Pos ☐ Neg
☐ Oropharyngeal (OP Swab)	☐ Other molecular assay	☐ Pos ☐ Neg
☐ Tracheal Aspirate	☐ IgM	☐ Pos ☐ Neg
☐ Sputum	☐ IgG	☐ Pos ☐ Neg
☐ Blood	☐ IgA	☐ Pos ☐ Neg
☐ Serum		
☐ Other (specify):	☐ Other (specify):	☐ Pos ☐ Neg

Reporter Information

☐ Same as Provider/Clinic listed above

Person reporting: | Agency:

Agency address: | Agency phone:

☐ This report was called in to the CDPHE call center. CDPHE call center staff completing this form:

Name: | Phone: | Email:

For questions about completing this form, please call the Disease Reporting/CEDRS line: 303-692-2625

Return report to: Colorado Dept of Public Health and Environment | Fax: 303-782-0338 | Alternate fax: 303-782-0904