



BILH COVID-19 PCR TESTING SITES & OPERATIONAL DETAILS

The following BILH locations have COVID-19 PCR testing sites and can accommodate pre-operative and pre-procedure testing, in addition to routine testing. Providers should first screen patients using the [BILH COVID-19 Testing Prioritization](#) for appropriateness of testing before referring to any sites. BILH is currently testing patients in priority levels 1-5.

Please note that all sites require a physician order and appointment unless specified (* †).

Location	Street Address	Map Number
Anna Jaques Hospital	25 Highland Ave, Newburyport, MA	1
Beth Israel Deaconess Healthcare – Chelsea* †	1000 Broadway, Chelsea, MA	2
Beth Israel Deaconess Hospital – Milton	199 Reedsdale Rd, Milton, MA	3
Beth Israel Deaconess Hospital – Needham	148 Chestnut St, Needham, MA	4
Beth Israel Deaconess Hospital – Plymouth	281 Sandwich St, Plymouth, MA	5
Beth Israel Deaconess Medical Center	330 Brookline Ave, Boston, MA	6
Bowdoin Street Health Center* †	230 Bowdoin St, Dorchester, MA	7
Lahey Hospital and Medical Center †	41 Mall Rd, Burlington, MA	8
Winchester Hospital †	620 Washington St, Winchester, MA	9

* Sites do not require a physician order

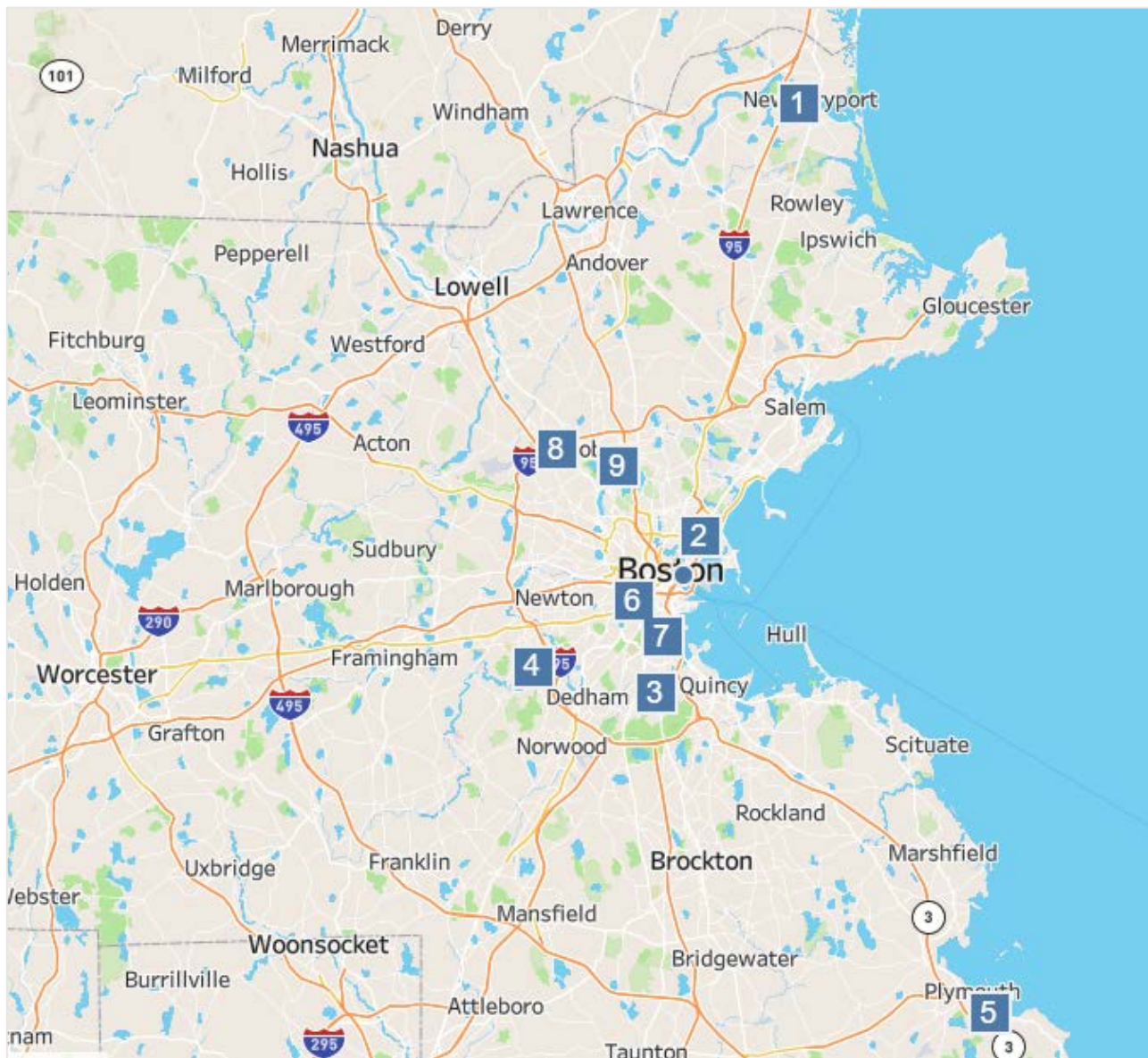
† Sites do not require an appointment

Please check back for updated information and additional sites, including:

- The Dimock Center
- Mount Auburn Hospital
- Lahey Outpatient Center Danvers/Urgent Care Center



Beth Israel Lahey Health





Anna Jaques Hospital

Testing Address: 25 Highland Avenue Newburyport, MA

Testing Location: Drive-thru outside Emergency Department (entrance at 23 Rawson Ave)

Testing Hours of Operation: Monday-Friday from 8am-6pm

Phone Number (providers only): 978-834-8210

Physician Order Required: Yes

Appointment Required: Yes

Provider Ordering Instructions:

- Call AJH Access at 978-834-8210 to schedule patient appointment
- Fax the following documents to the Emergency Department at 978-463-1163:
 - Written test order
 - Completed COVID-19 Testing Patient Information Sheet (see page 12)
- Call patient to provide the appointment time, and let them know they will be receiving a call from AJH Access to complete the registration process

Patient Instructions:

- Provider will call patient with scheduled appointment time
- AJH Access will call patient to complete registration
- When arriving to the Emergency Department patient should:
 - Pull into the white tent
 - If able, call the ER at 978-463-1050 to announce arrival
- Patients should arrive at testing site wearing a mask

Results:

- Positive results will be called to ordering physician
- Negative results will not be called and will be auto-faxed or sent through EMR



Beth Israel Deaconess Healthcare – Chelsea

Testing Address: 1000 Broadway, Chelsea, MA

Testing Location: Two tents

Testing Hours of Operation: Monday-Friday from 8am-7pm

Saturday-Sunday from 8:30am-5pm

Phone Number (providers only): (617) 975-6262

Physician Order Required: No (walk-ins accepted without an order; scheduled appointments require an order)

Appointment Required: No

Provider Ordering Instructions:

- **WebOMR providers:**
 - Order test directly in WebOMR
 - Email BIDHCChelseaSupportStaff@bidmc.harvard.edu with the following patient information after order is placed to initiate scheduling:
 - Name
 - DOB
 - MRN
 - Primary language spoken
 - Risk category
 - Brief description of symptoms
 - Phone counselling/screening
 - Order in place
- **All other providers:** TBD

Patient Instructions:

- No appointment or physician order required
- If test is through physician order, patient will be contacted regarding a test date and time
- Patients should arrive at testing site wearing a mask
- Patients can walk, drive, or bike in

Results:

- Testing site nurses will call all patients with positive results. For those with negative tests, letters will be sent



Beth Israel Deaconess Hospital – Milton

Testing Address: 199 Reedsdale Road Milton, MA

Testing Location: Drive-thru testing site in front of Reedsdale Road Entrance (weather permitting)

Testing Hours of Operation: Monday, Tuesday, Thursday, Friday from 9am-4pm

Wednesday 10am-3pm based on scheduling need

Phone number (providers only): 857-345-2559

Physician Order Required: Yes

Appointment Required: Yes

Provider Ordering Instructions:

- **WebOMR:**
 - The COVID-19 test is in TEST. Users select:
 - New Order
 - BID-Needham/Milton
 - BID-Milton
 - COVID-19
 - Users then enter the ICD-10; the test is pre-checked.
 - This will fax to 781-453-7745 upon signing.
- **All other providers:** Please utilize the order form (see page 13), and manually fax to 617-313-1400 (must be clearly written).

Patient Instructions:

- Patient will be contacted by BID Milton scheduler to make an appointment. Please do not ask patients to call BID Milton to schedule an appointment.
- Patient should arrive at testing site wearing a mask and stay in their vehicle during their entire visit.

Results:

- Tests ordered by Employee Health have results communicated to patients by Employee Health
- All other patient results are communicated to patients by Health Care Quality team
- Results are returned to ordering provider



Beth Israel Deaconess Hospital – Needham

Testing Address: 148 Chestnut Street Needham, MA

Testing Location: Drive up in front of main hospital parking at entrance to Outpatient Clinical Center

Testing Hours of Operation: Monday-Friday from 11:30am-4pm

Physician Order Required: Yes

Appointment Required: Yes

Provider Ordering Instructions:

- Please note: if order does not include signs and symptoms, the ordering provider will be contacted before appointment can be scheduled.
- **WebOMR:**
 - The COVID-19 test is in TEST. Users select:
 - New Order
 - BID-Needham/Milton
 - BID-Needham
 - COVID-19
 - Users then enter the ICD-10; the test is pre-checked.
 - This will fax to 781-453-7745 upon signing.
- **Athena:** Please use the order set and enter manually into the A/P called “**BID-Needham- COVID-19 order**”. This will fax directly to our schedulers.
- **eCW:** Please order Covid-19 through eCW, **and** manually fax to 781-453-7745.
- **All other providers:** Please utilize the order form (see page 14), and manually fax to 781-453-7745 (must be clearly written).

Patient Instructions:

- Patient will be contacted by BID Needham scheduler to make an appointment. Please do not ask patients to call BID Needham to schedule an appointment.
- Patient should arrive at testing site wearing a mask and stay in their vehicle during their entire visit.

Results:

- Positive results will be called to ordering physician
- Negative results will not be called and will be filed into EMR or how practice usually results
- Tests ordered by OHS have results communicated to patients by OHS



Beth Israel Deaconess Hospital – Plymouth

Testing Address: 281 Sandwich St, Plymouth, MA

Testing Location: Main campus parking lot B

Testing Hours of Operation: Monday-Friday from 10am-3pm

Physician Order Required: Yes

Appointment Required: Yes

Provider Ordering Instructions:

- Physician Orders:
 - Fax orders to Central Wide Scheduling (CWS) at 508-830-2789
 - CWS will call patient to register and schedule appointment
- Symptomatic Fire, Police, and Ambulance First Responders and Nursing Home and Assisted Living staff who reside or are employed in hospital's service area are able to be tested without a separate physician order – see below for instructions.

Patient Instructions:

- For patients with physician orders: Central Wide Scheduling (CWS) will call patient to register and schedule appointment (CWS is available M-F 8am-5:30pm)
- For first responders and nursing home/assisted living staff:
 - First Responder or Nursing Home/Assisted Living Staff Calls the COVID-19 hotline Monday-Friday from 8am-5:30pm at 855-465-2220
 - Clinician will screen and place order as appropriate
 - Central Wide Scheduling (CWS) will call patient to register and schedule appointment (CWS is available Monday-Friday 8am-5:30pm)
- Patients should keep car window closed until instructed to roll down by staff in the tent

Results:

- BILH providers to find results via the Web Portal Links/Magic Buttons to Expanse; ordering provider will communicate results to patient.
- First Responders and Nursing Home and Assisted Living staff – will call patient with results



Beth Israel Deaconess Medical Center

Testing Address: 330 Brookline Ave, Boston, MA 02215

Testing Location: Drive-thru in parking lot next to 330 Brookline Ave

Testing Hours of Operation: Monday-Friday from 8am-7pm

Saturday-Sunday from 8:30am-5pm

Physician Order Required: Yes

Appointment Required: Yes

Provider Ordering Instructions:

- **WebOMR providers:**
 - Order test directly in WebOMR
 - Email ambulatorytestscheduling@bidmc.harvard.edu with the following patient information after order is placed to initiate scheduling:
 - Name
 - DOB
 - MRN
 - Primary language spoken
 - Risk category
 - Brief description of symptoms
 - Phone counselling/screening
 - Order in place
- **All other providers:** TBD

Patient Instructions:

- Patients will be contacted to schedule appointment
- Patients can walk, drive, or bike in and should arrive at testing site wearing a mask

Results:

- Tests ordered by Employee Health have results communicated to patients by Employee Health
- Primary providers with OMR ordering access are responsible for communicating results. For those without OMR ordering, our APPs will communicate both positive and negative results.



Bowdoin Street Health Center

Testing Address: 230 Bowdoin Street, Dorchester, MA

Testing Location: Tent

Testing Hours of Operation: Monday-Friday from 10am-4pm

Saturday 10am-1pm

Phone Number (providers only): 617-754-0100

Physician Order Required: No (walk-ins accepted without an order; scheduled appointments require an order)

Appointment Required: No

Provider Ordering Instructions:

- **WebOMR providers:**
 - Order test directly in WebOMR
 - Email BSHC-Registration@bidmc.harvard.edu with the following patient information after order is placed to initiate scheduling:
 - Name
 - DOB
 - MRN
 - Primary language spoken
 - Risk category
 - Brief description of symptoms
 - Phone counselling/screening
 - Order in place
- **All other providers:** TBD

Patient Instructions:

- Patient will be contacted regarding a test date and time
- Patients should arrive at testing site wearing a mask
- On-site interpreters are available

Results:

- Positive and negative results will be communicated by the test site



Lahey Hospital and Medical Center

Testing Address: 41 Mall Rd, Burlington, MA

Testing Location: Drive-thru testing site at endoscopy entrance, 41 Mall Road, Burlington, MA

Testing Hours of Operation: Monday-Friday from 8am-4:30pm

Physician Order Required: Yes

Appointment Required: No appointment necessary however, pre-registration **is** required

Provider Ordering Instructions:

- **Epic providers (legacy Lahey system):** Order test directly in Epic and ***include Priority Level of Testing (1-5)***
- **Non-Epic providers (non-legacy Lahey system):** Orders are faxed to Patient Access Call Center at 781-744-3657 including the following information:
 - Patient full name, DOB, address, phone number, insurance carrier
 - Ordering provider full name (first, last and middle initial), address, phone number, and fax number
 - If possible, the order should note what day the patient will be coming in for the testing
 - Priority level of testing 1-5 * (***if level if not included in the order the test will be sent out as level 4/5= >24 hours results return, lower urgency***)
 - Written or electronic signature
 - ICD-10 code

Patient Instructions:

- Pre-registration is required. Inform the patient they will receive a call from the patient registration department at LHMC; for any questions call that department at 781-744-8700.
- Patients may arrive any time during the hours of operation after the pre-registration is completed
- LHMC Patient Registration will instruct the patient to go to the drive through location at the Endoscopy entrance at 41 Mall Road Burlington, MA.

Results:

- Results are sent directly to the ordering provider who will then communicate them to the patient
- Results will be sent to the provider via auto fax for epic provider or manual fax for those not in the legacy Lahey system Epic



Winchester Hospital

Testing Address: 620 Washington Street Winchester, MA

Testing Location: Drive-thru located about 1/4 mile from the hospital; security onsite to provide directions

Testing Hours of Operation: Monday-Friday from 10am-5pm

Physician Order Required: Yes

Appointment Required: No

Provider Ordering Instructions:

- **Lahey Epic providers:** Order test directly in Epic
- **All other providers:**
 - Fax order to 781-756-5037 or provide paper copy to patient
 - Please note drive-thru on the order
 - Include the following information:
 - Full physician name (first, last, middle initial)
 - NPI Number
 - Address
 - Phone number
 - Fax number

Patient Instructions:

- No appointment necessary. Patient can arrive at testing site any time during hours of operation after receiving a physician order.
- Registration will be completed onsite (~10 minutes)
- Patients should arrive at testing site wearing a mask

Results:

- Positive results will be called to ordering physician
- Written report is auto faxed to ordering physician

COVID-19 Testing Patient Information Sheet

Step 1: Testing Criteria

Determine eligibility for Priority Level 5 testing using the BILH Criteria (*see separate sheet*).

Step 2: Call AJH Access to Schedule Patient Appointment - 978-834-8210

Once the patient meets testing criteria, the PCP office must call AJH Access to schedule an appointment for testing. Testing is conducted in a tent outside the Emergency Department directly from the patient's car. Testing will be available Monday-Friday from 8am-6pm and takes about 20 minutes.

Step 3: Provide Patient Information

Patient's Name _____

Contact Number _____

Is the patient a health care worker or first responder? Yes No

Is the patient from a nursing home or a group home? Yes No

Appointment date / time assigned by Access _____

Step 4: Send fax to Emergency Department - 978-463-1163

Once an appointment has been made with AJH Access, the following must be faxed:

- A written order for the test
- This completed form

Step 5: Call the patient with appointment and testing directions

Please call your patient to provide the appointment time, and let them know they will be receiving a call from AJH Access to complete the registration process.

When the patient arrives to the Emergency Department, instruct him/her to pull into the white tent and if able, call the ER at 978-463-1050 to announce their arrival.

**COVID-19 LABORATORY TEST
 REQUISITION AND
 VERBAL CONSENT ATTESTATION**



L P P O

Facsimile #: (617) 313-1400

PATIENT INFORMATION:		
Print Patient Last Name:	Print Patient First Name:	Date of Birth:
Print Mailing Address:		
Cell Phone #:	Home Phone #:	
Name of Medical Insurance:	Insurance Policy #:	
TEST REQUISITION:		
<input type="checkbox"/> COVID-19 BIDMC, 87635		
Patient Signs and Symptoms:		
PROVIDER INFORMATION:		
Print Primary Care Physician Name:	Telephone #:	Fax #:
Print Referring Physician Name:	Telephone #:	Fax #:

ORDERING PROVIDER REQUEST FOR COVID-19 LABORATORY TEST AND ATTESTATION(S) OF VERBAL CONSENT OBTAINED IN LIEU OF PATIENT SIGNATURE:

I understand to minimize the infection control risks related to sharing pens and clipboards during the COVID-19 outbreak Beth Israel Deaconess-Milton is temporarily suspending certain patient signature requirements.

I am requesting a COVID-19 test and have provided verbal explanation of the risks and benefits of this testing to this patient or legal representative and documented the conversation and the patient's consent with specificity in the medical record and other required forms of documentation. I am authorized to obtain verbal consent.

X _____ / ____ / ____ : ____ a.m. Op.m.
 Signature Circle: Physician / N.P. / P.A. Print Name Date Time (24 hour)

COMPLETE IF PATIENT IS AN UNEMANCIPATED MINOR OR IS OTHERWISE UNABLE TO CONSENT:
Authorized Representative for Unemancipated Minor (under age 18 years): Parent, Legal Guardian, Foster Parent with DSS Authorization or DSS.

X _____ / ____ / ____ : ____ a.m. Op.m.
 Print Name of Authorized Representative Date Time (24 hour)

COMPLETE IF TRANSLATOR / INTERPRETER PARTICIPATED in OBTAINING VERBAL CONSENT:

X _____
 Print First Name and Last Name of Translator Print Name of Department or Agency of Translator

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**COVID-19 LABORATORY TEST
 REQUISITION AND
 VERBAL CONSENT ATTESTATION**

Telephone #: 781-453-3000 Facsimile #: 781-453-7745

PATIENT INFORMATION:		
Print Patient Last Name:	Print Patient First Name:	Date of Birth:
Print Mailing Address:		
Cell Phone #:	Home Phone #:	
Name of Medical Insurance:	Insurance Policy #:	
TEST REQUISITION:		
<input type="checkbox"/> COVID-19 BIDMC, 87635		
Patient Signs and Symptoms:		
PROVIDER INFORMATION:		
Print Primary Care Physician Name:	Telephone #:	Fax #:
Print Referring Physician Name:	Telephone #:	Fax #:

ORDERING PROVIDER REQUEST FOR COVID-19 LABORATORY TEST AND ATTESTATION(S) OF VERBAL CONSENT OBTAINED IN LIEU OF PATIENT SIGNATURE:

I understand to minimize the infection control risks related to sharing pens and clipboards during the COVID-19 outbreak Beth Israel Deaconess-Needham is temporarily suspending certain patient signature requirements.

I am requesting a COVID-19 test and have provided verbal explanation of the risks and benefits of this testing to this patient or legal representative and documented the conversation and the patient's consent with specificity in the medical record and other required forms of documentation. I am authorized to obtain verbal consent.

X _____ /_____/_____ :__ __ O a.m. O p.m.
 Signature **Circle:** Physician / N.P. / P.A. Print Name Date Time (24 hour)

COMPLETE IF PATIENT IS AN UNEMANCIPATED MINOR OR IS OTHERWISE UNABLE TO CONSENT:
Authorized Representative for Unemancipated Minor (under age 18 years): Parent, Legal Guardian, Foster Parent with DSS Authorization or DSS.

X _____ /_____/_____ :__ __ O a.m. O p.m.
 Print Name of Authorized Representative Date Time (24 hour)

COMPLETE IF TRANSLATOR / INTERPRETER PARTICIPATED in OBTAINING VERBAL CONSENT:

X _____
 Print First Name and Last Name of Translator _____
 Print Name of Department or Agency of Translator

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