The primary approach for diagnosing patients with COVID-19 is based upon PCR-based nasopharyngeal swab* testing. Guidance below expands criteria for testing ambulatory patients by SARS-CoV-2 PCR and provides instruction on the use of serological testing in outpatients.

In general, nasopharyngeal PCR testing is most useful early in the course of disease, while serological testing is most useful weeks after symptom onset. Please see separate testing guidelines for preprocedural and admitted patients.

At this time, serological testing for SARS-CoV-2 may be ordered for all patients. However, it is important to remember that because development of antibodies lags the onset of symptoms by a number of days, the results of antibody testing early in the disease course are of limited utility. Serological testing may provide information regarding past infection, but it is currently unknown whether the presence of antibodies to SARS-CoV-2 confers immunity to COVID-19. Individuals with a positive antibody to SARS-CoV-2 should still wear a face covering in public when social distancing is not possible. Healthcare workers with a positive antibody test must still wear appropriate personal protective equipment.

Symptomatic outpatients not known to have COVID-19:

<table>
<thead>
<tr>
<th>Common symptoms of COVID-19</th>
<th>include fever, chills/rigors, cough, shortness of breath, and sore throat.</th>
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<tbody>
<tr>
<td>Less typical symptoms of COVID-19</td>
<td>include myalgia, diarrhea, fatigue, nasal congestion, headache, anosmia (loss of smell), and altered sense of taste.</td>
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</table>

Many patients with mild symptoms do not require in-person evaluation for COVID-19 or PCR testing for SARS-CoV-2 and can be managed at home. SARS-CoV-2 PCR testing via nasopharyngeal swab may be considered for any ambulatory patients with symptoms consistent with COVID-19, but testing should routinely be performed in situations in which the results would substantially affect the patient’s management. Thus, PCR testing is strongly recommended for symptomatic patients with any of the criteria listed below:

- Patients presenting for emergency room care who do not require admission and are being discharged
- Patients for whom results would impact their ability to get urgent clinical care (e.g., chemotherapy or radiation oncology)
- Immunocompromised individuals (e.g., transplant recipients or pregnant individuals)
- Individuals working, residing, or receiving care in skilled nursing facilities or other congregate settings (e.g., dialysis)
- Healthcare workers and first responders (NYP employees should also contact WHS hotline)

Because the detection of measureable antibody lags the onset of symptoms by a number of days, SARS-CoV-2 serology is not likely to be useful in this clinical setting.
Patients previously diagnosed with COVID-19 OR with previous symptoms consistent with COVID-19:
For most patients, obtaining a repeat nasopharyngeal swab for PCR to assess for clinical cure is \textbf{not necessary} in the ambulatory setting. In certain situations, repeat swabs may be obtained in order to discontinue transmission-based precautions (e.g., transplant recipients) or to facilitate transfer to a nursing home (see Interim Guidance for Hospital Discharge, Discontinuing Home Isolation, and Transmission Based Precautions in the Ambulatory Setting for Patients with Confirmed or Suspected COVID-19).

\textbf{Serological testing} of outpatients may be considered for individuals who have recovered from suspected or confirmed COVID-19. Patients should be counseled that if the test is sent too soon after symptom onset, it is possible that a negative result may represent a false negative result because antibodies have not developed yet. Additionally, it is currently not known whether the presence of antibodies to SARS-CoV-2 confers immunity to COVID-19.

\textbf{Asymptomatic outpatients:}
SARS-CoV-2 PCR testing is \textbf{NOT} recommended at this time prior to, or during, routine office and clinic visits. SARS-CoV-2 PCR screening via nasopharyngeal swab is recommended for patients undergoing ambulatory procedures in which aerosols may be generated (see Interim COVID-19 Testing Guidelines for Surgical and Other Pre-procedural Patients).

\textbf{Serological testing} of outpatients may be considered for individuals who do not have a history of suspected or confirmed COVID-19. Patients should be counseled that it is currently not known whether the presence of antibodies to SARS-CoV-2 confers immunity to COVID-19.