

Date of Request _____ Chart #: _____

Patient Name _____

Date of Birth _____ Sex _____

Race _____ Ethnicity _____

Patient Address: _____

Employer/School: _____

Employer/School Address: _____

Ordering Provider _____

**Bassett Healthcare Network
Coroner COVID/FLU Screening**

SPECIMEN		TIME:	DATE:
COLLECTED BY:			

Enter Using Requisition Entry (Coroner Submitter for Respective County)

Coroner COVID-19/FLU Screening

County _____

Bill Agency Bill Patient Insurance

LAB1851 COVID-19 by Abbott ID Now

LAB272 Influenza A and B Direct Antigen

New York State Department of Health REQUIRES both influenza and COVID to be ordered.

Provider's Signature: _____

Signed Date and Time: _____