

Date of Request _____

Patient Name _____

Ordering Provider: _____

BASSETT HEALTHCARE NETWORK
Employee Health
10/1/2021, 8/9/23

SPECIMEN		TIME:	DATE:
COLLECTED BY:			

Enter using Requisition Entry: Employee Health

Required Information

Patient Name: _____
DOB: _____ Sex: _____ Address: _____
City: _____ State: _____
Zip code: _____ County: _____
Race: _____ Ethnicity: _____
Phone# _____
Occupation _____
Bassett Facility Employed at: _____
Occupation/Job Title: _____

Respiratory Illness/COVID-19 Screening

LAB1902 COVID-19 (Coronavirus) to Panther Asymptomatic Patients

LAB1851 Rapid COVID-19 by Abbott ID Now Symptomatic Patients

Provider's Signature: _____

Signed Date and Time: _____