

Date of Request _____

Patient Name _____

Ordering Provider: _____

BASSETT HEALTHCARE NETWORK
Employee Health

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: _____

Respiratory Illness/COVID-19 Screening

- LAB1849** COVID-19 (Coronavirus) to MAYO
Nasopharyngeal (NP), oropharyngeal (OP; i.e., throat), or nares/nasal swab **(Circle Collected Source)**
- LAB1851** Rapid COVID-19 by Abbott ID Now
- LAB272** Influenza A and B Direct Antigen

Contact Person for Receipt of Critical Results - REQUIRED

-Please provide the person(s) to be contacted with the Critical result. Such person(s) should be knowledgeable in the confidentiality requirements.

Contact Person: Name: _____

Phone # _____ Pager# _____

Provider's Signature: _____

Signed Date and Time: _____