

COVID-19 DIAGNOSTIC SAMPLE

Patient

Age

	3	1
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Sex

☒ Male

☐ Female

☐ Other

☐ Unknown

Phone number

2	6	0	-	7	0	4	-	7	4	8	2
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International travel in past 14 days?

☐ Yes ☒ No

Known exposure to a confirmed COVID-19 case?

☐ Yes ☒ No

Location where patient slept last night

Zip code

2	0	0	0	8	-				
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County

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Diagnostic details

Date sample collected

1	0	/	2	1	/	2	0
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MM/DD/YY

Collection method

☒ Nasal

☐ Sputum

☐ Lung

LAB USE ONLY

☐ Positive

☐ Negative