**PLEASE PRINT CLEARLY**

FULL NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL TO SEND YOUR RESULTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAST MEDICAL HISTORY:**

PLEASE LIST ANY CURRENT SYMPTOMS AND DATE OF ONSET**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CURRENT MEDICAL CONDITIONS (PLEASE LIST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT MEDICATIONS (PLEASE LIST) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN THE PAST 2 WEEKS HAVE YOU TRAVELED OUT OF STATE OR ATTENDED ANY SOCIAL FUNCTIONS OUTSIDE YOUR IMEMDIATE HOUSEHOLD (CIRCLE ONE)? Y N

IN THE PAST 2 WEEKS HAVE YOU BEEN EXPOSED OR THINK YOU MAY HAVE BEEN EXPOSED TO COVID (CIRCLE ONE)? Y N

------------------------------------------------------------------------------------------------------------------------------------------

ICF SIGNED: Y N/A

PAYMENT: AMOUNT\_\_\_\_\_\_\_\_\_ PAYMENT TYPE \_\_\_\_\_\_\_\_\_\_ COMPANY ACCOUNT \_\_\_\_\_\_\_\_\_\_\_\_\_

**TEST(S) ORDERED (CIRCLE ONE):**

**COVID CUE HEALTH RAPID MOLECULAR RT NAAT TEST (20 MINUTES)**

**COVID QUIDEL SOFIA RAPID ANTIGEN TEST (15 MINUTES)**

COVID N/P PCR SWAB SEND OUT COVID LATERAL FLOW ANTIBODY

COVID SEND OUT ANTIBODY TEST QUIDEL RAPID STREP TEST

RAPID FLU A/B TEST RAPID PREGNANCY TEST

RAPID MONO TEST RAPID STREP A TEST

RAPID iFOBT TEST RAPID H. PYLORI TEST

GENERAL LABS (PLEASE WRITE IN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER ESOTERIC LAB TESTING REQUESTED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENETIC TESTING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAMPLES COLLECTED (STUDY NAME):**

DRY SWABS # \_\_\_\_\_\_

SALIVA VOLUME \_\_\_\_\_\_ML

BLOOD TUBES: LIHEP # \_\_\_\_\_\_ EDTA # \_\_\_\_\_\_\_\_\_\_ SST #\_\_\_\_\_\_\_\_\_\_ CITRATE # \_\_\_\_\_\_\_\_\_

NAHEP # \_\_\_\_\_\_\_\_\_\_\_

ACON ADVIN

ARCTIC SA SCIENTIFIC (DR SHAH)

QUIDEL MRI

FREENOME FUJI REBIO

ORASURE TANGEN

SYMBIOTICA QORVO

CASPER

ELUM

OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESEARCH HONORARIUM AMOUNT AND PAYMENT METHOD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_