

Requisition – Antigen Test

Rapid Response Covid-19 Antigen Test



NORTHSTREAM
RAPID LABS

Client Information

Full Name:		Test Location:	
Donor ID: (same ID as when you fly)		Home Address:	
Date of Birth:		Email:	
		Phone:	
Preferred Appt Date & Time:		Confirmed APPT Date & Time:	
Specimen Collection Date/Time:			
	Yes	No	
Symptoms of Covid 19			Exposure to anyone with Covid 19
Travel outside of Region			Travel outside Ontario
Have you been Vaccinated?			If yes, have you received both doses?
Prior test in last 14 days?			If yes, results of that Test
			<input type="checkbox"/> Negative <input type="checkbox"/> Positive
Lab use only: Covid 19 Antigen Test Result	<input type="checkbox"/> Negative <input type="checkbox"/> Non-Negative		Lab Technician Initial
			Processing Time & Date:

If the result is non-negative, you must isolate yourself immediately and contact the Covid assessment Centre for a Confirmation Test - NorthStream will call the appropriate Health Unit.

Donor Consent:

I give NorthStream Rapid Labs consent to do a PCR Swab for investigative purposes. I understand that this is a screening test and must attend a Covid Assessment Centre for a diagnostic test if required. As such, I release NorthStream Rapid Labs and its affiliates from any liability and agree to release, discharge and not to sue or hold NorthStream Rapid Labs liable with regard to any part of the screening process.

Donor Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

Name (Printed): _____

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