

Requisition – SARS-CoV-2 RT-PCR Test Company Information

Name of Company:		Location:						
Requested by:		Type:	<input type="checkbox"/> 2 to 4 hr results \$499 <input type="checkbox"/> 24 hours results \$349 <input type="checkbox"/> after hours or weekends \$699					
Phone Number:		Email:						
Full Name:			Preferred Appt Date & Time:					
Date of Birth:			Employee Number:					
Email Address:			Phone Number:					
ID:			Confirmed APPT Date & Time:					
Specimen Collection Date/Time:			Vaccinated?	<input type="checkbox"/> No <input type="checkbox"/> 1 st Dose Received <input type="checkbox"/> 2 nd Dose Received				
	Yes	No		Yes	No		Yes	No
Symptoms of Covid 19			Exposure to anyone with Covid 19			Prior Covid 19 Diagnosis		
Travel outside of Region			Travel outside Ontario			Date of Diagnosis		
Was Antigen Test done			If yes, results of Antigen Test	<input type="checkbox"/> Negative <input type="checkbox"/> Positive				
Covid 19 PCR Test Result	<input type="checkbox"/> Negative <input type="checkbox"/> Non-Negative		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 give consent for NorthStream Rapid Labs to share the results with my referring employer. 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 regards to any part of the screening process.

Donor Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

Name (Printed): _____

