

Requisition – SARS-CoV-2 RT PCR Test

Biomeme Franklin Three9 Real Time PCR Thermocycler Identifier 1000018

Health Canada Auth 312839, IO Auth date Jun 30, 2020

Lab Licence: CPSO 69709



NORTHSTREAM
RAPID LABS

Client Information

| | | | |
|--|---|--|---|
| Full Name: | | Test Location: | |
| Donor ID: (same ID as when you fly) | | Home Address: | |
| Date of Birth: | | Email: | |
| <input type="checkbox"/> 2-4hrs: \$349+HST <input type="checkbox"/> Same Day: \$197+HST <input type="checkbox"/> Next Day :\$157+HST | | 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? |
| | | | Brand: Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> |
| Lab use only: Covid 19 RT PCR Test Result | <input type="checkbox"/> Negative <input type="checkbox"/> Non-Negative | | Processing Time & Date: |
| | | Lab Technician Initial | |

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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