

# 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



## 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?	
		Brand:	Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/>
<b>Lab use only:</b> Covid 19 RT PCR Test Result	<input type="checkbox"/> Negative <input type="checkbox"/> Non-Negative		Lab Technician Initial
		Processing Time & Date:	

### 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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807-630-4446



[info@nssr.ca](mailto:info@nssr.ca)

