

Form: SARS-CoV-2 Test Results

Log Page #: _____

Specimen collection date _____

Test result

Detected

Not Detected

Indeterminate

Where was the specimen collection done?

Inpatient

Outpatient

Employer

Urgent Care

Emergency Room

Home

Other

If "Other", specify: _____

Test type

RT-PCR

Antibody/serology

Antigen

Other

If "Other", specify: _____

Specimen collection type

Nasal or Nasopharyngeal Swab

Nasal Wash

Oropharyngeal Swab

Saliva

Blood

Other

If "Other", specify: _____
