

**Form: SARS-CoV-2 Test Results**

Log Page #: \_\_\_\_\_

Approximate date of test \_\_\_\_\_

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   
Other

If "Other", specify: \_\_\_\_\_

Specimen collection type  
Nasal or Nasopharyngeal Swab   
Nasal Wash   
Oropharyngeal Swab   
Saliva   
Blood   
Other

If "Other", specify: \_\_\_\_\_