Sparrow Laboratories

Employee COVID-19 Swab at SCLM:

Do not register in EPIC.
Order in SOFT under AG #.
Use existing AG # or make a new one.
AG then caregiver number or AG then DOB (MMDDYYYY)

Last Name:_____
First Name:_____
Date of Birth:_____
Gender (circle): M F
AG#:_____

Are you pregnant? ☐ Yes ☐ No
Is this your first COVID Test? ☐ Yes ☐ No
Are you employed in Healthcare? ☐ Yes ☐ No
Are you Symptomatic? ☐ Yes ☐ No
If yes, Date Symptoms Started:_____
Do you reside in a Group Care Setting? ☐ Yes ☐ No
(Nursing Home, Assisted Living, Group Home, Prison, etc.)

	Specimen	Test	Code
	NP Swab	COVID-19 by PCR	**COVID**

Authorizing Provider: **3359F Dr. Keaveney**
Ward P9140 Insurance: P9140
Diagnosis: Z20.828

In the call box enter S/F to 517-364-5422