Sparrow Laboratories

Self-Order COVID-19 Antibody

Please print clearly:

Last Name:_____

First Name:_____

Date of Birth:_____

Gender (circle): M F

Address:_____

Zipcode:_____

Phone #:_____

E-mail (MySparrow activation):_____

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.)

Check which test(s) you would like performed

Check	Specimen	Test	Code
	Blood (SST)	Antibody Test (to see if you HAD COVID-19)	**COV2G**

Please have your ID and Insurance Cards Ready

Caregiver use only below this line

Authorizing Provider: **40412** James Richard, DO

Ward: COVID Diagnosis: Z20.828

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