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**FORMS MUST BE FULLY COMPLETED**

**INCOMPLETE FORMS WILL DELAY SAMPLE**

## COVID-19 TESTING

Last Name	First	MI	Date of Birth ___/___/___	Gender: M F other
Street Address			Apt/Bldg/Floor	
City	State	Zip Code	Phone Number	Email
Occupation:				
<b>Race:</b>			<b>Ethnicity:</b>	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Asian	<input type="checkbox"/> White		<input type="checkbox"/> Non-Hispanic or not Latino	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Race		<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Unknown			

**Payment Information: Indicate party to invoice or provide credit card details**

Invoice: Name of Institute \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Requisitioners Information: You must include Requisitioner's Name and Facility.**

Requisitioners Full Name: \_\_\_\_\_ NPI Number (if applicable) \_\_\_\_\_

Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Requisitioners Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Report Send Out:  Requisitioners Email  Requisitioners address or Fax  Fax No. : \_\_\_\_\_  
 Patient's Email  Patient's address

**Please indicate reason(s) for the COVID19est (Tick the Box):**

- Patient has signs and symptoms (e.g., fever, cough, difficulty breathing)
- Patient lives in or has recently traveled to a place where transmission of COVID-19 is known to occur
- Patient has been in close contact with an individual suspected of or confirmed to have COVID-19.

**Requisition Signature:** By signing below, I have obtained the necessary authorization for COVID-19 testing as required by State and Federal Law.

Requisition Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Patient Authorization:**

Patient/Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For the most up to date information on COVID-19 please visit the CDC Coronavirus Disease 2019 (COVID-19) webpage

<https://www.cdc.gov/COVID19>