

Diagnosis code: Z20.828/Z11.59

25 Riverside Dr, Ste 2

COVID-19 Testing

Pine Brook, NJ 07058 United States

Order for: SARS-CoV-2 RNA, QL, RT PCR (COVID-19)

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Testing Laboratory – siParadigm Diagnostic Informatics

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**Innovation Pharmacy, Inc.**

**DBA Caring Wellness**

**(Act. #: 12047-1) Ph: 518-783-1210**

Osamah Awad, PharmD

1097 Loudon Rd., Cohoes, NY

### **Patient Information**

**Patient Name:** \_\_\_\_\_

**Patient DOB (mm/dd/yyyy):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### **Clinical History**

fever     cough     shortness of breath     other \_\_\_\_\_

Date of onset of symptoms: \_\_\_\_\_  N/A

Did you have **known contact** with another COVID-19 **positive** case?     Yes     No

Have you travelled **14 days prior** to testing?     Yes     No    If yes, complete below:

Location: \_\_\_\_\_ Depart/Return Dates: \_\_\_\_\_

### **Consent**

I give permission to siParadigm to use my de-identified biospecimen for research purposes to improve COVID-19 testing and I understand that my personal information will not be shared in compliance with Health Insurance Portability and Accountability Act (HIPAA).

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_