

**Test Requested**

<input type="checkbox"/> <b>SARS-CoV-2 Nucleic Acid Test</b> Rapid molecular test for the detection of the nucleic acids that are present in the SARS-CoV-2 virus. This test indicates an active infection of the virus.	
<b>Sample Type:</b> Nasal Swab	
<b>Sample Date:</b> MM/DD/YYYY	<b>Sample Time:</b>

**Demographic Information**

<b>First Name:</b>		<b>Last Name:</b>	
<b>Date of Birth:</b> (MM/DD/YYYY)		<b>Gender:</b> Female _____ Male _____ Other _____	

**Contact Information**

<b>Street Address:</b>			
<b>City:</b>		<b>State:</b>	
<b>Zip Code:</b>		<b>County:</b>	
<b>Phone Number:</b> (    ) - _____ - _____		<b>Email:</b>	

**Insurance Information – (Required)**

<b>Insurance Company:</b>			
<b>Policy Number / ID:</b> (Medicaid ID if Applicable)			
<b>Group Number:</b>			
<b>Subscriber First Name:</b> (NAME ON CARD)		<b>Subscriber Last Name:</b>	
<b>Subscriber Date of Birth:</b> (MM/DD/YYYY)			

**If You Do Not Have Insurance – (Only Required If No Health Insurance)****Social Security Number:**

- I, as guardian of this student, acknowledge that the test results will also be submitted to Friends School of MN for contact tracing and safety purposes.

OR

- I do not wish for the test results to be released to Friends School of MN and would like a secured file to be delivered to myself only.

I have answered these questions truthfully and to the best of my knowledge. I acknowledge that I am participating in this testing voluntarily and that Zepto Life Technology must obtain an individual's written authorization for any use or disclosure of protected health information that is not for treatment, payment, health care operations, or otherwise permitted or required by the HIPAA Privacy Rule.

Requester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_