

*Office of Student Health*

**COVID-19 RAPID ANTIGEN TESTING**

Name of Patient: Onset of Symptoms:

Age: Race: Ethnicity: Female ▭ Male ▭ Date of Birth:

Address where currently residing:

City: State: Zip:

County: Phone:

Are you a Niagara University Student: ▭ No ▭ Yes NU Student No.:

If you attend another college or university list it here:

Occupation: Employer Name:

Work address:

Employer phone number: Do you work or volunteer in a school? No ▭ Yes ▭

If you answered “Yes” above, name and location of school: \_\_\_\_\_\_\_\_\_\_\_\_

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***Below for Office Use only.***

**TEST TYPE:**

**Quidel Sofia SARS Antigen FIA \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Abbot BinaxNOW COVID-19 Ag \_\_\_\_\_\_\_\_\_\_\_\_**

Date of Test: Test type/sample: Rapid Nasal Swab

Test Result Date: \_ POSITIVE NEGATIVE

Accession Number:

**ORDERING PROVIDER NAME:** **PERFORMING FACILITY:**

Janice Bradley, FNP Niagara University Health Services

716-286-8390 Butler Building

Niagara University Health Services 5795 Lewiston Road

Butler Building Niagara University, NY 14109

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