



DRIVE-THRU COLLECTION REGISTRATON FORM

INSTRUCTIONS

- 1. Complete all sections of this form. Please print neatly.
2. When all items are completed, sign and date the bottom.
3. Hand this form to the technician with your photo ID and insurance card. A copy will be returned to you.
4. The technologist will give you a collection swab:
a. Insert the entire tip of the swab inside the nostril.
b. Hold the swab firmly against the wall of the nostril and rotate in a circular motion at least 4 times. It takes approximately 15 seconds to get a good sample.
c. Place the swab in the transport tube and return to the technician.

Section A: Are you requesting a test for COVID-19 today? YES / NO If no, skip to section B.

I request to be tested for COVID -19 due to:

- One or more COVID symptoms
Exposure to confirmed COVID case
Travel
Pre-procedure
Other:

Section B: Patient and Insurance Information

Circle One: Male Female Other

Last: First: MI:

Date of Birth: Phone: Email:

Address: City: State: ZIP:

If patient is under 18 years, Parent or Legal Guardian:

Insurance Subscriber (if not patient): Date of Birth:

Address: City: State: ZIP:

Relationship: Social Security Number (If VA or Medicare):

Section C: I understand that results will be available electronically through the SVH MyChart patient portal. If I do not have a MyChart account, an activation code will be sent to the email above. If I am unable or unwilling to set up a MyChart account, I can pick up a printed copy of results at SVH Main Reception. I may also call the lab at 425-831-2379 for verbal results. I understand that due to privacy restrictions, results cannot be sent by email. The cost of the test plus collection center fee is \$138.62. We cannot give advice regarding insurance coverage. Contact your insurance company for information specific to your coverage policy.

Signature of Patient or Guardian: Date:

ADDITIONAL INFORMATION FOR COVID-19 TESTING: Snoqualmie Valley Hospital uses a transcriptase PCR test that has been authorized by FDA under an Emergency Use Authorization (EUA). This test is only authorized for the duration of time circumstances exist justifying the authorization of the emergency use of in-vitro diagnostic tests for detection of SARS-CoV-2 virus and/or diagnosis of COVID-19 infection under section 564(b) (1) of Act, 21 U.S.C. 369bb-3(b) (1), unless the authorization is terminated or revoked sooner. When diagnostic testing is negative, the possibility of a false negative result should be considered in the contest of a patient's recent exposure and the presence of clinical signs and symptoms consistent with COVID-19. An individual without symptoms of COVID-19 and who is not shedding SARS-CoV-2 virus would expect to have a negative (not detected) result in this assay.