Summit Clinical Laboratories

2850 HERITAGE DR
DELAFIELD, WI 53018

Covid-19 PCR Test

LAKE COUNTRY - DELAFIELD

Collection Site

ACCEPTING Governmental Plans (Medicaid,Medicare,Tricare)-Private Insurance (Group Health Plans,Individual Health Plans)-Uninsured Patients. Some Non-traditional plans may have Exceptions as well as testing for Travel.

1. PATIENT INFORMATION

LAST NAME	FIRST NAME	MI

ADDRESS

CITY	STATE	ZIP

PHONE	DOB (MM/DD/YYY)	GENDER ☐ MALE ☐ FEMALE

ANCESTRY ☐ CAUCASIAN ☐ NATIVE AMERICAN ☐ ASIAN ☐ BLACK/AFRICAN AMERICAN ☐ HISPANIC/LATINO ☐ HAWAIIAN/P. ISLANDER ☐ OTHER

EMAIL

2. REASON FOR TESTING (CHECK ALL THAT APPLY)

Have you or anyone you are in close contact with been in contact with anyone who has tested positive Covid-19 in the last 30 days? ☐ YES ☐ NO

Have you traveled outside the state in the last 30 days? ☐ YES ☐ NO
If so Where?_____

☐ SYMPTOMS OF COVID-19 ☐ ASYMPTOMATIC

☐ Fever	R50.9	☐ Muscle aches (myalgia)	M79.10
☐ Cough	R05	☐ Fatigue	R53.1
☐ Sore Throat	J02.9	☐ Runny Nose (rhinorrhea)	R09.82
☐ Shortness of Breath(dyspnea)	R06.00	☐ Vomiting	R11.10
☐ Nausea	R11.0	☐ Diarrhea (more than 3 loose stools)	R19.7
☐ Abdominal pain	R10.9	☐ Loss of Smell?	R43.8
☐ Chills	R68.83	☐ Loss of Taste?	R43.9
☐ Headache	R51	☐ Other_____	

Why are you getting tested today?_____

3. SPECIMEN COLLETION

SPECIMEN TYPE	COLLECTION DATE (MM/DD/YY)	TIME OF COLLECTION (HH:MM)	AM ☐ PM ☐
☑ Nasal Swab			

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