



SARS-CoV-2 Screening

Testing Facility: Frontage Laboratories

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Lab CLIA #: 39D1088330

Contact Name: Dr. Nan Zhang

Lab Identification #: 30820

Lab Director: Peter Chou, PhD



Place Barcode Here

Patient Information Required

Patient's Name (Last, First, MI):		Sex	F	M	Other
Date of Birth (MM/DD/YY):		County:			
Street Address:					
City, State, Zip:					
Phone Number:			Email Address:		
Patient Race	Alaska Native:	Black or African American:	White:		
	American Indian:	Hispanic or Latino:	Decline to specify:		
	Asian:	Native Hawaiian or other Pacific Islander:	Other:		
Patient Ethincity	Hispanic:	Non- Hispanic:	Decline to specify :		

Pre-screen Questions

1. First time being tested?				
2. Hospitalized?			Admitted to the ICU?	
3. Employed in Healthcare?				
4. Resident of congregate care setting?				
5. Date of onset of symptoms?				
6. Pregnant?				
7. Preferred Language	English:	Spanish:	Mandarin (Chinese):	Decline to specify:
	Other:			



Ask at Order Questions

8. Symptoms (Select all that apply)		
Fever, = 100.4°F (38°C):	Sore throat:	Fatigue:
Low grade temp, 98.7°-100.3°F (37.5°-37.9°C):	Diarrhea:	Headache:
Cough:	Loss of smell:	No Symptoms:
Difficulty breathing:	Loss of taste:	
Body aches:	Runny nose/Congestion:	
Other:		