



Church Health

Testing Location: _____

COVID-19 Laboratory Log

Please fill out each entry in its entirety.

<u>Patient Name</u>	<u>MRN</u>	<u>Employee</u>	<u>Date</u>	<u>Time</u>	<u>Provider</u>	<u>Results Received</u>	<u>Date</u>
1.							
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12.							