

8:42
Camera
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one time. This questionnaire contains demographical and insurance related questions

- Short Form Questionnaire: This questionnaire must be completed **everytime** a COVID test is to be completed. This questionnaire contains symptom and collection time related questions

Test Kit Information

Name:
NetID:
SID:
Test Kit ID:

Full Form Questionnaire: **OK**
Last Short Form Questionnaire: **01/20/2021 08:42:45 AM OK**

SUBMIT

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DID YOU SCROLL TO
BOTTOM OF PAGE

AND

SUBMIT YOUR KIT

