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

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**Test Kit Information**

- **Name:**
- **NetID:**
- **SID:**
- **Test Kit ID:**
- **Full Form Questionnaire:** OK
- **Last Short Form:** 01/20/2021
- **Questionnaire:** 08:42:45 AM OK

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