**Instructions for Completing COVID-19 Test Requestion and Consent Form**

1. Principal or Responsible party to complete one form for each employee that requires a COVID-19 test
2. Please complete the “COVID-19 TEST REQUEST FORM” and “COVID-19 TESTING CONSENT FORM” and send **both signed** forms to:
	* Brenda Liz Perez, LPN- DOSPcare@ipany.com
3. ***Phone call to Brenda by Principal is a requirement: 727-318-1044***
4. Principal or Responsible Party to complete all of the following information in ***both sections***. Not only is it important for positive patient identification, but also for Florida Department of Health Covid-19 Contact Tracing positive case purposes.
5. Consent Form: Employee NEEDS to review, read and sign the patient consent form **prior** to Covid-19 testing.
6. Once requisition / consent form is completed Brenda will contact the member to schedule a test.