

Appendix A – eFORM Worksheet

Unique Number Identifier	
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		Health Authority
COVID-19 screening by:	<input checked="" type="radio"/> Industry	<input type="radio"/> FHA (Fraser Health Authority)
Collection Site Name		<input type="radio"/> PHSA Do Not Use This Selection
		<input type="radio"/> FNHA Do Not Use This Selection
Type of Site		<input type="radio"/> IHA (Interior Health Authority)
		<input type="radio"/> VIHA (Vancouver Island Health Authority)
		<input type="radio"/> VCH/PHC (Vancouver Coastal Health Authority)
		<input type="radio"/> NHA (Northern Health Authority)
Collection Site Address		
Province/Territory	City	
British Columbia		

Section 2 - Patient Information – To be completed by the individual being tested			
First Name		Last Name	
PHN (Personal Health Number)		Date of Birth	
		YYYY	MM DD
Postal Code		Phone	

Section 3 – Point of Care Test Information			
Test Kit Name		Collection Date	
<input type="radio"/> ID NOW	<input checked="" type="radio"/> Panbio	<input type="radio"/> BD Veritor	
		YYYY	MM DD
Specimen Description		COVID-19 Test Result	
<input type="radio"/> Nasopharyngeal	<input checked="" type="radio"/> Nasal	<input type="radio"/> Throat	
		<input type="radio"/> Positive	<input type="radio"/> Negative
		<input type="radio"/> Invalid	

Test performed by:	Data entry performed by: