

**Abbott ID NOW & Panbio Downtime Form**

Health Authority	Testing Health Region [ PHSA / FNHA only ]	Type of Site
<input type="radio"/> FHA		<input type="radio"/> LTC – staff/visitor
<input type="radio"/> PHSA	<input type="radio"/> Fraser	<input type="radio"/> LTC - resident
<input type="radio"/> FNHA	<input type="radio"/> Vancouver	<input type="radio"/> Outbreak
<input type="radio"/> IHA	<input type="radio"/> Island	<input type="radio"/> Rural/Remote
<input type="radio"/> VIHA	<input type="radio"/> Interior	<input type="radio"/> Corrections
<input type="radio"/> VCH/PHC	<input type="radio"/> North	<input type="radio"/> Underserved Population in Community
<input type="radio"/> NHA		<input type="radio"/> Other
<b>Collection Site Address</b>		
City		Province/Territory

**Section 1 - Ordering Test Provider Information**

Provider First Name	Provider Last Name
Phone Number:	Extension:
MSP ID #	

**Section 2 - Patient Information**

PHN	
First Name	Last Name
Date of Birth YYYY      MM      DD	Primary Contact Number

**Section 3 – Point of Care Test Information**

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

Test performed by:	Registration and result back-entry performed by:
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