

## ENVISION CLINICAL LABORATORY MOBILE SERVICES ENROLMENT

Please fax completed form to 770-545-8840 or email [info@envisionclinicallab.com](mailto:info@envisionclinicallab.com)

Telephone enquiries: 770-545-8877 (office)/678-251-8180 (mobile)

Type of Facility:	Long Term Senior Living	Daycare	Group Home	Shelter	Corporate Work Site
Organization Name:	Main Telephone:		Fax Number:		
Facility Address:	City:		GA	Zip Code:	
Contact Name:	Contact Telephone:		Cell <input type="checkbox"/> Office <input type="checkbox"/>		
Email address of contact:					
Number of Residents (if applicable):	Number of Staff:	% insured:	% uninsured:		

Service(s) Requested: Select all that apply

<input type="checkbox"/> COVID-19 Testing	<input type="checkbox"/> Urine culture testing	<input type="checkbox"/> Other
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Frequency of Testing requested:

bi-monthly (please note insurance restrictions may apply for insured persons)

monthly

Type of COVID-19 test requested:

Rapid antigen (nasal) test

Rapid antibody (finger prick) test

Other \_\_\_\_\_

**\*\*\*PLEASE DO NOT WRITE BELOW THIS LINE\*\*\***

Week of the month scheduled for testing:	1	2	3	4
Day of week scheduled for testing:				
Reports to be emailed to (Name & email):				