

Covid-19 BinaxNOW Test

RI MEDICAL RESERVE CORPS



Troop Number: _____ City: _____ State: _____ Test Date: _____

Line	Intake Number	First Name	Last Name	DOB	Phone/email	Result
						1 = Negative 2 = Positive
EX	IN05034642	John	Doe	12/25/2006	401.555.1212	1
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

EMAIL RESULTS SHEET TO: TLAMBERT@RIDMAT.ORG

Watch Desk / Help Line 401.205.3999

Line	Intake Number	First Name	Last Name	DOB	Phone/email	Result
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
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31						
32						
33						
34						
35						

EMAIL RESULTS SHEET TO: TLAMBERT@RIDMAT.ORG

Line	Intake Number	First Name	Last Name	DOB	Phone/email	Result
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
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50						