

Abbott BinaxNOW COVID-19 Test Information

PLACE LABEL HERE

All information collected must be reported to the Colorado Department of Public Health and Environment at <https://covidbinax.colorado.gov>.

Patient Information

First name (required)

Last name (required)

Date of Birth (required)

____ / ____ / ____

MM, DD, YYYY

Sex (select one, required)

- Male
 Female
 Female to Male
 Male to Female
 Unknown

Race (select all that apply)

- American Indian or Alaskan native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other _____
 Prefer not to answer

Ethnicity (select one)

- Hispanic or Latino
 Not Hispanic or Latino
 Prefer not to answer

Home address 1 (required)

Home address 2 (apartment, suite, etc.)

City (required)

Zip code (required)

State (required)

Phone number (required)

Test Information (Official use only)

Test ID from label (required)

Collection date (required MM, DD, YYYY)

____ / ____ / ____

Result (circle one): Positive Negative Inconclusive

