CRITICAL POC COVID-19 LAB VALUE NOTIFICATION

Critical Value: Positive

Date/Time of Notification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Provider notified:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider read back results:[ ]Yes [ ]No

Additional Comments:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_