Date: ________
Site Location: ________________________

Total Consents: _______
Total Swabs: _______
Total Refused/Canceled: _______

Affiliated Physicians - Lab Manifest

Check 'x' mark all completed and initial.

Patient Name	Consent Completed	Lab Req Completed	Test Type	QC Checked	Requisition Label
	☐	☐	☐ Flu ☐ COVID ☐ Strep	☐	
	☐	☐	☐ Flu ☐ COVID ☐ Strep	☐	
	☐	☐	☐ Flu ☐ COVID ☐ Strep	☐	
	☐	☐	☐ Flu ☐ COVID ☐ Strep	☐	
	☐	☐	☐ Flu ☐ COVID ☐ Strep	☐	
	☐	☐	☐ Flu ☐ COVID ☐ Strep	☐	
	☐	☐	☐ Flu ☐ COVID ☐ Strep	☐	
	☐	☐	☐ Flu ☐ COVID ☐ Strep	☐	
	☐	☐	☐ Flu ☐ COVID ☐ Strep	☐	
	☐	☐	☐ Flu ☐ COVID ☐ Strep	☐	

Print:	**Initial:**	**Print:**	**Initial:**

AFFILIATED PHYSICIANS
ON-SITE VACCINATION AND WELLNESS SERVICES

v11.17.21