



EAST SIDE CLINICAL LABORATORY

A Sonic Healthcare Company

FAX ORDER FORM - COVID-19 TESTING

FAX ORDER TO : (401) 208-0411 or Email to ESCLCOVID19@ESCLAB.COM

Order Date: _____

Patient Name: _____ Date of Birth: _____

Gender: _____F _____M

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email Address: _____

Ordering Physician: _____ NPI: _____

Phone # Office: _____ Mobile: _____

FAX#: _____ Email: _____

COVID-19:

Client Bill to RI Dept. of Health

Test orders received before 12pm on a given day will be ready for a testing appointment at any time 9am-3pm the following business day

Test orders received after 12pm will be ready for a testing appointment after 1pm the following business day

Same day appointments are not available at this time

Testing Date Requested _____

Collection Locations

Please circle location patient will be tested

Rhode Island College
Parking Lot A, College Rd.
North Providence, RI 02908

CCRI Warwick Campus
400 East Ave, Warwick, RI 02886

University of Rhode Island
Ryan Center Parking (North)
Plains Road, West Kingston, RI 02892

Collection Times (All Locations)

Please circle time frame patient is expected to arrive at testing site

9:00 AM – 11:00 AM 11:00 AM – 1:00 PM 1:00 PM – 3:00 PM