

COVID-19 Lab Tracker

DATE	PATIENT NAME	DOB	GENDER	RACE	ETHNICITY	ADDRESS	PHONE NUMBER	SYMPTOMS	RESULT	ENTERED IN PORTAL
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race <input type="checkbox"/> Unknown <input type="checkbox"/> Refused to Answer	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race <input type="checkbox"/> Unknown <input type="checkbox"/> Refused to Answer	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race <input type="checkbox"/> Unknown <input type="checkbox"/> Refused to Answer	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race <input type="checkbox"/> Unknown <input type="checkbox"/> Refused to Answer	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race <input type="checkbox"/> Unknown <input type="checkbox"/> Refused to Answer	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race <input type="checkbox"/> Unknown <input type="checkbox"/> Refused to Answer	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race <input type="checkbox"/> Unknown <input type="checkbox"/> Refused to Answer	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	