LABORATORY SAMPLE COLLECTION FORM FOR SUSPECTED COVID-19 CASE (RT-PCR)

Patient's Details

Date:

Patient's Name:			
Patient's Age:	DOB:		Sex:
Patient's Hospital ID:			
Contact details	Mob:	Emergency No:	Email:
Patient's Current Address	Municipality:	Ward No:	Tole:
	District:		Province:
Occupation		Date of onset of first symptom:	
Is Detected from Contract Tracing? ☐ Yes ☐ No		Have you traveled anywhere till 15 days ago? ☐ Yes ☐ No	

Reason for testing:

Planned travel ☐	Mandatory requirement ☐	Returnee/Migrant worker ☐	Pre-Medical/surgical procedure ☐
Pregnancy complications/Pre-delivery ☐	Testing by Government authority for other purpose ☐	Test on demand by person ☐	

Symptoms (Write duration in days in corresponding symptoms)

Fever/Cough ☐	Muscle pain ☐	Running nose ☐	Diarrhea ☐
Chest pain ☐	Shortness of breath ☐	Sore throat ☐	Body ache ☐

History of Covid vaccination

Covishield first dose / Second dose ☐	Verocell vaccine First dose / Second dose ☐	None ☐

Clinical condition: Radiologist / Test result

Chest X-ray:	CT Chest:	RDT (If done)

Type of sample collected for RT-PCR

Nasopharyngeal ☐	Oropharyngeal (Throat) ☐	Endotracheal Aspirate ☐	Bronchoalveolar Lavage ☐

For Hospital Use Only

Hospital No.: .....

SID No.: .....