



SIDDHI POLY PATH LAB

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Laboratory Sample Collection Form for Suspected COVID-19 Case

Date: _____

Please attach Barcode or S. No: _____

Patient's Name	_____	
Age: ____ Yrs.	Sex: Male Female	DOB: _____
Temporary address	Province: _____ District: _____ Municipality: _____ Ward: _____	
Permanent address	Province: _____ District: _____ Municipality: _____ Ward: _____	
Patient's contact details	Landline: _____ Mobile: _____ Email: _____	
Name of Hospital patient admitted and Hospital ID	_____	referred by: _____
Type of collected sample	Nasopharyngeal swab	Oropharyngeal swab
If other please specify _____	Sputum	Bronchoalveolar lavage

Symptoms:

Common cold Yes No	Fever: Yes Duration ____ days No Temp _____ °F	Cough: Yes Duration ____ days No
Loss of smell Yes No		
Chest pain Yes No	Tiredness: Yes No	Breathing difficulty: Yes No
Severe acute respiratory illness Yes No	Other illness if any _____	Diabetes: Yes No
		Hypertension: Yes No

- Travel History in last 14 days? Yes No if yes place visited _____
- History of recent close contact with COVID-19 Positive patients? Yes No
- Is the patient admitted in isolation ward/unit in hospital? Yes No
- Chest X-ray finding if any _____ CT scan finding if any _____

*This form is mandatory, to be filled by clinicians to send sample for COVID-19 test.

* Sample should be collected and transported in VTM with triple layer packaging and cold chain maintenance.

Sample Collected by _____