COVID-19 Vaccination


IMPORTANT: please complete all fields below to avoid delays in processing.

SENDERS INFORMATION

Report to be sent FAO
Contact Numbers
In Hours
Out of Hours
Project: - ECOVACC

PATIENT/SOURCE INFORMATION

☐ InPatient ☐ Outpatient ☐ Community ☐ GP ☐ A&E
NHS number
Surname
Forename
Date of birth
Postcode
Gender ☐ male ☐ female
☐ Pregnant

SAMPLE INFORMATION

Your reference
Sample type
☐ TS ☐ NS ☐ NS/TS ☐ TASSO ☐ Serum ☐ Oral fluid
☐ Other (please specify)

ILLNESS DETAILS - PLEASE COMPLETE THE INFORMATION BELOW ON THE DAY YOU TAKE YOUR SAMPLES

After you have taken all of your samples please enter the date/time:

Date of collection: D D M M Y Y

Time:

When did you first feel unwell with COVID illness/ or when was your positive test taken if you have not felt unwell:

Date of collection: D D M M Y Y

Have you had any COVID-19 symptoms (tick all that apply):

☐ I have had NO symptoms ☐ Altered sense of taste/smell
☐ Fever ☐ Extreme tiredness/ lack of energy
☐ Cough ☐ I was told I had pneumonia
☐ Shortness of breath
☐ Other, please describe below

COVID-19 VACCINE DETAILS - IT IS REALLY IMPORTANT TO PLEASE PROVIDE THE DETAILS BELOW

Have you had COVID-19 vaccine?
☐ YES, I have had at least one dose of the vaccine - please provide details below
☐ NO, I have not had this vaccine

Vaccine and dose

Date of vaccination
Batch number
Brand name/ manufacturer

COVID-19 dose 1
COVID-19 dose 2
COVID-19 dose 3
COVID-19 dose 4

Comments:

All requests are subject to UKHSA standard terms and conditions.

Version effective from Nov 2021 VW-2289.02