



COVID-19 Primary Testing

For samples for screening – please send to nearest designated testing laboratory see Guidance Note:
Testing for COVID-19 (SARS-CoV-2)- available from the designated testing laboratory
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-guidance-for-clinical-diagnostic-laboratories>
or bit.ly/2SafTX4

Please write clearly in dark ink

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

SENDER'S INFORMATION

Postcode

Report to be sent FAO

Contact Numbers

In Hours

Out of Hours

PATIENT/SOURCE INFORMATION

InPatient Outpatient Community GP A&E

NHS number

Surname

Forename

Sex

male

female

Date of birth

Age

Patient's Address

Pregnant

postcode

Hospital number

Hospital name (if different from sender's name)

Ward/ clinic name

SAMPLE INFORMATION

Your reference

Sample type

TS NS NS/TS NPS Sputum EDTA

Other (please specify)

Date of collection

Time

Date sent to UKHSA

All samples submitted should be treated as though the patient is infected with a Hazard Group 3 Pathogen. All samples must be sent in accordance with Cat B transport guidance.

Please tick the box if your clinical sample is post mortem

CURRENT PATIENT STATUS

At Home Hospitalised ICU ECMO Deceased

REASON FOR TESTING

Travel HCW Outbreak Clinical Contact of confirmed case

Other (please specify)

Foreign Travel within 14 days of onset? Yes No

If yes, travel to which country

Date of return

CLINICAL DETAILS

Asymptomatic URTI ILI Pneumonia Other (please specify)

Onset Date

Underlying Conditions including immunosuppression (please specify)