



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
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 Phone
	In Hours
	Out of Hours

PATIENT/SOURCE INFORMATION

InPatient
 OutPatient
 Community
 GP
 A&E

NHS number	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname	Date of birth	Age	
Forename	Patient's address	Postcode	
<input type="checkbox"/> Pregnant	Ward/clinic name		
Hospital number	Hospital name (if different from sender's name)		

SAMPLE INFORMATION

Your reference	<p>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.</p> <input type="checkbox"/> Please tick the box if your clinical sample is post mortem
Sample type	
<input type="checkbox"/> TS <input type="checkbox"/> NS <input type="checkbox"/> NS/TS <input type="checkbox"/> BAL <input type="checkbox"/> Sputum <input type="checkbox"/> EDTA	
Other (please specify)	
Date of collection	
Date sent to PHE	

CURRENT PATIENT STATUS

At Home
 Hospitalised
 ICU
 ECMO
 Deceased

REASON FOR TESTING

Travel
 HCW
 Outbreak
 Clinical
 Other (please specify)

Contact of confirmed case

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)