E28

PHE Microbiology request form

Public Health England

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
Surname
Forename

☐ Pregnant

Sex ☐ Male ☐ Female
Date of birth Age
Patient's address
Postcode

Hospital number
Hospital name *(if different from sender's name)*

Ward/clinic name

SAMPLE INFORMATION

Your reference
Sample type
☐ TS ☐ NS ☐ NS/TS ☐ BAL ☐ Sputum ☐ EDTA
Other (please specify)
Date of collection Time
Date sent to PHE

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
Foreign travel within 14 days of onset? ☐ **Yes** ☐ **No**
If yes, travel to which country
Date of return

Other (please specify)

CLINICAL DETAILS

☐ Asymptomatic ☐ URTI ☐ ILI ☐ Pneumonia
Onset Date

Other (please specify)

Underlying Conditions including immunosuppression (please specify)