

REGIONAL OFFICE FOR EUROPE

## 2019-nCoV LABORATORY TEST REQUEST FORM<sup>1</sup>

Submitter information						
NAME OF SUBMITTI OTHER FACILITY*	NG HOSPITAL, LABC	RATORY, or				
Physician						
Address						
Phone number						
Case definition <sup>2</sup> :  Suspect case  Pro		] Probable ca	se			
Patient info						
First name			Last name			
Patient ID number			Date of Birth		Age:	
Address			Sex	🗆 Male 🗆 Fem	ale 🗆 Unknown	
Phone number						
Specimen information						
<ul> <li>Nasopharyngeal aspirate Nasal wash Sputum Lung tissue Serum Whole blood</li> <li>Urine Stool</li> <li>All specimens collected should be regarded as potentially infectious and you must contact the referral laboratory before sending samples<sup>3</sup>.</li> <li>All samples must be sent in accordance with category B transport guidance.</li> <li>Please tick the box if your clinical sample is post mortem</li> </ul>						
Date of collection	· · ·		Time of collection			
Priority status			Time of collection			
Clinical details						
Date of symptom onset:						
Has the patient had	•	🗆 Yes	Country			
of travelling to China?		□ No	Return date			
Has the patient had contact with a confirmed case?			🗆 Yes 🗆 No 🗆 Unknown			
Additional Comments						

<sup>&</sup>lt;sup>1</sup> Form in accordance with ISO 15189:2012 requirements

<sup>&</sup>lt;sup>2</sup> <u>https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov)</u>

<sup>&</sup>lt;sup>3</sup> <u>https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117</u>