

REGIONAL OFFICE FOR EUROPE

2019-nCoV LABORATORY TEST REQUEST FORM¹

Submitter information						
NAME OF SUBMITTI OTHER FACILITY*	NG HOSPITAL, LABC	RATORY, or				
Physician						
Address						
Phone number						
Case definition ² : 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						
 Nasopharyngeal aspirate Nasal wash Sputum Lung tissue Serum Whole blood Urine Stool All specimens collected should be regarded as potentially infectious and you must contact the referral laboratory before sending samples³. All samples must be sent in accordance with category B transport guidance. Please tick the box if your clinical sample is post mortem 						
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						

¹ Form in accordance with ISO 15189:2012 requirements

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

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