

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>