SAMPLE ID: 13649767

ICMR Specimen Referral Form for COVID-19 (SARS-CoV2)

INTRODUCTION:

This form is for collection centres/ labs to enter details of the samples being tested for Covid-19. It is mandatory to fill this form for each and every sample being tested. It is essential that the collection centres/ labs exercise caution to ensure that correct information is captured in the form.

INSTRUCTIONS:

- Inform the local / district / state health authorities, especially surveillance okcer for further guidance
- Seek guidance on requirements for the clinical specimen collection and transport from nodal okcer
- This form may be filled in and shared with the IDSP and forwarded to a lab where testing is planned
- Fields marked with asterisk (*) are mandatory to be filled

SECTION A - PATIENT DETAILS

A.1 TEST INITIATION DETAILS

*Doctor Prescription: Yes ☑ No ☐

(If yes, attach prescription; If No, test cannot be conducted)

*Follow up Sample: Yes ☐ No ☐

If Yes, Patient ID: ----------

A.2 PERSONAL DETAILS

*Patient Name: P.Akhil

*Patient in quarantine facility: Yes ☐ No ☐

*Age:19 Years/Month ☐ (If age=1 yr, pls. tick months checkbox)

*Present Village or Town: Visakhapatnam

*District of Present Residence: VISAKHAPATANAM

*Gender: Male ☑ Female ☐ Others ☐

*State of Present Residence: Andhra pradesh

*Mobile Number: 6303917545

*Present patient address: Srinivasa nagar

*Mobile Number belongs to: Self ☐ family ☑

Pincode: 530008

*Nationality: Indian

*Downloaded Aarogya Setu App: Yes ☑ No ☐

(These fields to be filled for all patients including foreigners)

Aadhar No. (For Indians): 702489292621

Passport No. (For Foreign Nationals):

*A.3 SPECIMEN INFORMATION FROM REFERRING AGENCY

*Specimen type Throat Swab ☑ Nasal Swab ☐ BAL ☐ ETA ☐ Nasopharyngeal swab ☐

*Collection date 26-12-2021 11:18:49 AM

*Sample ID (Label) 13649768

*A.4 PATIENT CATEGORY (PLEASE SELECT ONLY ONE)

Cat 1: Symptomatic international traveller in last 14 days	☐
Cat 2: Symptomatic contact of lab confirmed case	☐
Cat 3: Symptomatic Healthcare worker / Frontline workers	☐
Cat 4: Hospitalized SARI (Severe Acute Respiratory Illness) patient	☐
Cat 5a: Asymptomatic direct and high risk contact of lab confirmed case - family member	☐
Cat 5b: Asymptomatic healthcare worker in contact with confirmed case without adequate protection.	☐
Cat 6: Symptomatic Influenza like Illness (ILI) in Hospital	☐
Cat 7: Pregnant woman in / near labour	☐
Cat 8: Symptomatic (ILI) amongh returnees and migrants (within 7 days of illness)	☐
Cat 9: Symptomatic Influenza Like Illness(ILI) patient in Hotspot / Containment zones	☐
Other: (please specify) * *(Select "other" only if the patient doesn't belong to category 1-8)*	☐

SECTION B- MEDICAL INFORMATION

B.1 CLINICAL SYMPTOMS AND SIGNS

Symptoms: Yes ☑ No ☐ **If No please go to B.2 section**

Symptoms	Yes	Symptoms	Yes	Symptoms	Yes	Symptoms	Yes	Symptoms	Yes
Cough	☑	Diarrhoea	☐	Vomiting	☐	Fever at evaluation	☑	Abdominal pain	☐
Breathlessness	☐	Nausea	☐	Haemoptysis	☐	Body ache	☐		
Sore throat	☐	Chest pain	☐	Nasal discharge	☐	Sputum	☐		

Which of the above mentioned was First Symptom: ---

Date of onset of First Symptom (dd/mm/yy) : 2001-05-21 00:00:00

B.2 PRE-EXISTING MEDICAL CONDITIONS

Condition	Yes	Condition	Yes	Condition	Yes	Condition	Yes
Chronic lung diseas	☐	Malignancy	☐	Heart disease	☐	Chronic liver disease	☐
Chronic renal disease	☐	Diabetes	☐	Hypertension	☐		

Immunocompromised condition: Yes ☐ No ☑ **Other underlying conditions:**

B.3 HOSPITALIZATION DETAILS

Hospitalized: Yes ☐ No ☐

Hospital ID / number

Hospitalization Date: (dd/mm/yy)

Hospital State: Andhra Pradesh

Hospital District: ---

Hospital Name: ---

B.4 REFERRING DOCTOR DETAILS

***Name of Doctor:** ---

Doctor Mobile No: ---

Doctor Email ID: ---

** Fields marked with asterisk are mandatory to be filled*

TEST RESULT (To be filled by Covid-19 testing lab facility)

Date of sample receipt(dd/mm/yy)	Sample accepted/ Rejected	Date of Testing (dd/mm/yy)	Test result (Positive / Negative)	Repeat Sample required (Yes / No)	Sign of Authority (Lab in charge)
26-12-2021 11:18:49 AM	ACCEPTED	26-12-2020 09:2612 AM	NEGATIVE		