



MINISTRY OF HEALTH
National Public Health Laboratory
National Influenza Centre(NIC)

COVID-19 Lab Requisition Form

A) To be completed by the referring facility: Patient and Facility Information

Facility Name/Site: Facility Code:

County:..... Sub- County:.....

COVID focal person's name focal person's phone #.....

Facility email: Facility phone:

Patient Unique Case Identifier:..... Patient Full Name:

Citizenship: Date of Birth D[][]/M[][]/Y[][][][] Sex: ☐ Male ☐ Female

Requesting Healthcare provider name: Phone Number Signature

Name Lab Referred to:..... Justification for investigation: a) Contact with confirmed case ☐ b) Presented at health facility Surveillance ☐ c) Point of entry detection ☐ d) Repatriation ☐ e) Other (specify).....

Date specimen collection: D[][]/M[][]/Y[][][][] Time[][]:[][]

Date of specimen dispatch D-[][]/M[][]/Y[][][][] Time[][]:[][]



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Test Stage : a) Initial Surveillance Test ☐ b) 1st Post treatment ☐) 2nd Post treatment ☐ 3rd Post treatment ☐ d) Other (specify.....)

Specimen type: a) **NP** Swab ☐ b) **OP** Swab ☐ c) Serum Sputum ☐ d) Tracheal Aspirate BAL ☐

C) To be completed by the testing lab

Date specimen received in the lab: D----/M/Y Time:

Date of test: D----/M/Y Time:

Final Lab results: _____

Specific assay used:.....

Date results was dispatched from the lab: D----/M/Y Time:

Name of Testing Officer:SignatureDate:.....