

## 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 officer for further guidance
- · Seek guidance on requirements for the clinical specimen collection and transport from nodal officer
- . 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		2000	
SECTION A - PATIENT DETAILS			
A.1 TEST INITIATION DETAILS			
*Sample collected first time : Yes ♥ No □ #No, Patient ID :			
A 2 PERSONAL DETAILS			
*Patient Name: SIMRAN SIRUR  *Age: 25 Years  *Gender:Male   Female   Others    *Occupation:Other	Father's Na	me:	
*Mobile Number:	*Mobile Number belongs to: Self   Family    Family   Family    Family   Family    Family    Family    Family    Family    Family    Family    Family    Family    Family    Family    Family    Family    Family    Family    Family    Fami		
*Present patient address: DELHI, INDIA *District: HARIDWAR	*Downloaded Aarogya Setu App: Yes ☐ No ☑ Pincode: *State: UTTARAKHAND		
(These fields to be filled for all patients including foreigners) Aadhaar No. (For Indians): * Passport No. (for Foreign Nationals):			
Received COVID-19 vaccine Yes \( \times \) No \( \times \) If yes type of vaccine Date of Dose 1: Date of Dose 2:			
"A.3 SPECIMEN INFORMATION FROM REFERRING AGE	NCY		
*Specimen type Throat Swab ☐ Nasal Swab ☑	Bronchoalveolar lavage	Endotracheal Aspirate	Nasopharyngeal Swab
*Type of test RT-PCR ☐ Rapid Antigen Test (RAT) ☐ *Collection date 15/04/2021 *Sample ID(Label) 333 if, RT-PCR test, name of lab where sample is sent for testing *Mode of Transport used to visit testing facility Private - Car Symptomatic ☐ Asymptomatic ☑			
Contact of a lab confirmed case : Yes ☐ No ☑			
Please Note - Hospital form is required for the patients visiting under containment zone/ Non-containment area/ Point of entry	g OPD, IPD and Em y/ Testing on deman	ergency and Comr d	munity form is required for patients
*A3	3.1 For Community	,	
Sample collected from Cat 2: All asymptomatic high-risk individuals	Non-containm	ent Zone	

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