

SAMPLE ID: 35694172

## 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, specially surveillance officer for further guidance
- Seek guidance on requirement 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

**SECTION A - PATIENT DETAILS****A.1 TEST INITIATION DETAILS**

\*Doctor Prescription: Yes ☐ No ☒ \*Follow up Sample: Yes ☐ No ☐  
 (If yes, attach prescription; If No, test cannot be conducted) If Yes, Patient ID: \_\_\_\_\_

**2 PERSONAL DETAILS**

\*Patient Name: PINJARLA GIRISH SATYA RAHUL  
 in quarantine facility: Yes ☐ No ☐ Age: 21 Years/Month ☐ (If age=1 yr, pls. tick months checkbox)  
 Present Village or Town: ELURU  
 District of Present Residence: WEST GODAVARI  
 State of Present Residence: Andhra Pradesh  
 patient address: \_\_\_\_\_ belongs to: Self ☒ family ☐  
Eluru  
 P ncode: 534001 Nationality: Indian  
 Downloaded Aarogya Setu App: Yes ☐ No ☒  
*(These fields to be filled for all patients including foreigners)*

Aadhar No. (For Indians): 2155 8019 0463

Passport No. (For Foreign Nationals): \_\_\_\_\_

**\*A.3 SPECIMEN INFORMATION FROM REFERRING AGENCY**

\*Specimen type Throat Swab ☐ Nasal Swab ☐ BAL ☐ ETA ☐ Nasopharyngeal swab ☒  
 Collection date 21-01-2022 10:25:54 AM  
 Sample ID (Label) 35694172

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

Cat 1: Symptomatic international traveller in last 14 days \_\_\_\_\_ ☐  
 2: Symptomatic contact of lab confirmed case \_\_\_\_\_ ☐  
 3: Health care worker / Frontline workers \_\_\_\_\_ ☐  
 4: Hospitalized SARI (Severe Acute Respiratory Illness) patient \_\_\_\_\_ ☐  
 5: Asymptomatic direct and high risk contact of lab confirmed case - family member \_\_\_\_\_ ☐  
 6: Asymptomatic healthcare worker in contact with confirmed case without adequate protection. \_\_\_\_\_ ☐  
 7: Symptomatic Influenza like Illness (ILI) in Hospital \_\_\_\_\_ ☐  
 8: Pregnant woman in / near labour \_\_\_\_\_ ☐  
 9: (ILI) among returnees and migrants (within 7 days of illness) \_\_\_\_\_ ☐  
 10: Like Illness patient 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

Sym toms: Yes ☐ No ☒ If No please go to B.2 sec ion

Sy ptoms Yes Symptoms Yes Symptoms Yes Symptoms Yes Symptoms Yes

Cough ☐ Diarrh ea ☐ Vo iting ☐ Fever at evalu ion ☐ Abdominal pain ☐

Breathlessness ☐ Nausea ☐ Haemoptys s ☐ Body ache ☐

ore hroat ☐ Che t pain ☐ N sal discharge ☐ putum ☐

Which of the above mentioned was First Symptom: Date of onset of First Symptom (dd/mm/yy) 0000-00-00 00:00:00

2 PRE-EXISTING MEDICAL CONDITIONS

C ndition Yes Condition Yes Condition Yes Condition Yes

r nic lung diseas ☐ Malignancy ☐ Heart disease ☐ hronic liver disease ☐

renal disease ☐ Diabetes ☐ yper ension ☐

Immunocompromised condition: Yes ☐ N ☒ Other underlying conditions:

3 HOSPITALIZATION DETAILS

Hospitalized: Yes ☐ No ☐ Hospital State: Andhra Pradesh

ID / nu ber

Dis r ct:

ation Dat : (dd/mm/yy)

Name:

4 REFERRING DOCTOR DETAILS

\*Name of Doct r:  ctor Mobile No:

Email ID:

\* Fields marked with asterisk are mandatory to be filled

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

| Date f 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) |
|---------------------------------|---------------------------|----------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| 21-01-2022 12:53:54 AM          | ACCEPTED                  | 22-01-2022 07:45:25 PM     | NEGATIVE                          |                                   |                                   |