SAMPLE ID: 55746302

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

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: O VENU DURGA MADHU SUDAN

*Patient in quarantine facility: Yes ☐ No ☐

*Age: 21 Years/Month ☐ (If age=1 yr, pls. tick months checkbox)

*Present Village or Town: BOBBILLANKA2

*District of Present Residence: EAST GODAVARI

*State of Present Residence: Andhra pradesh

*Gender: Male ☑ Female ☐ Others ☐

*Mobile Number: 7386509846

*Present patient address: kateru

*Mobile Number belongs to: Self ☐ family ☐

*Nationality: Indian

Pincode: 533105

*Downloaded Aarogya Setu App: Yes ☐ No ☑

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

Aadhar No. (For Indians): 829886013941

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 11-22-13 AM

*Sample ID (Label) 55746302

*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) 0000-00-00 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)
21-01-2022 11:22:13 AM	ACCEPTED	21-01-2022 03:55:53 PM	NEGATIVE		