SRF ID: 2 4 4 4 6 0 0 0 0 9 0 8 9

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
- Field marked with asterisk(*) are mandatory

SECTION A – PATIENT DETAILS

A.1 TEST INITIATION DETAILS

*Doctor's Prescription : Yes ☑ No ☐
(If yes, attach prescription; if no, test cannot be conducted)

*Follow up Sample : Yes ☐ No ☑
If yes, Patient ID :

A.2 PERSON DETAILS

*Patient Name: **MODI RASIKLAL**
*Patient in quarantine facility: Yes ☐ No ☑
*Present Village or Town: **MEHSANA**
*District of present residence: **MAHESANA**
*State of present residence: **GUJARAT**
*Patient's Present Address: **8 BHAGWAN NAGAR SOCIETY NIRMA FACTORY NI BAJU MA MODHERA ROAD MEHSANA**
Pin Code: 3 8 4 0 0 2

*Age: **73** Years
*Gender:Male ☑ Female ☐ Others ☐
*Mobile Number: 9 4 2 7 6 8 1 9 2 1
*Mobile number belongs to: Self ☐ Family ☑
*Nationality: **India**
*Downloaded Aarogya Setu App: Yes ☐ No ☑
(These fields to be filled for all patients including foreigners)

Aadhaar No. (For Indians): 4 9 8 8 8 4 1 7 5 5 1 7
Passport No. (for Foreign Nationals):

*A.3 SPECIMEN INFORMATION FROM REFERRING AGENCY

*Specimen type	Throat Swab ☐	Nasal Swab ☐	BAL ☐	ETA ☐	Nasopharyngeal Swab ☑
*Collection date					**10/07/2020**
*Sample ID(Label)					**498884175517**

*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 Health care worker/Frontline workers	☐
Cat 4: Hospitalised SARI (Severe Acute Respiratory Illness) patient	☐
Cat 5a: Asymptomatic direct and high risk contact of lab confirmed case - family member	☐
Cat 5b: Asymptomatic health care worker in contact with confirmed case without adequate protection	☐
Cat 6: Symptomatic Influenza like Illness(ILI) in Hospital	☐
Cat 7: Pregnant women in/near labor	☐
Cat 8: Symptomatic (ILI) among returnees and migrants (within 7 days of illness)	☐
Cat 9: Symptomatic Influenza like Illness (ILI) patient in Hotspot/Containment zones	☑
Other :	☐

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: **Fever at Evaluation**

Date of onset of First Symptoms: **08/07/2020 (dd/mm/yy)**

B.2 PRE-EXISTING MEDICAL CONDITIONS

Condition	Yes	Condition	Yes	Condition	Yes	Condition	Yes
Chronic lung disease	☐	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:

Hospital District:

Hospital Name:

B.4 REFERRING DOCTOR DETAILS

*Name of the Doctor: **DR VISHNUBHAI PATEL**

Doctor's Email ID:

Doctor's Mobile No.:

Lab where sample is sent: **PGIA001 - PanGenomics International Pvt. Ltd., Ahmedabad**

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 the Authority(Lab in charge)