



Government of Nepal
Ministry of Health & Population
Department of Health Service
National Public Health Laboratory
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Laboratory Sample Collection Form for Suspected COVID-19 Case

Date: __/__/____

S.No.....

Patient's Name			
Patient's Age	Sex:- <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	
Patient's Temporary address	Province: _____ District: _____ Municipality: _____ Ward: _____		
Patient's Permanent address	Province: _____ District: _____ Municipality: _____ Ward: _____		
Patient's Contact Details	Landline: _____ Mobile: _____ Email: _____		
Name of hospital where patient is admitted			
Patient's Hospital ID			
Type of Collected Sample	Nasopharyngeal	Oropharyngeal (Throat)	
	Sputum	Endotracheal Aspirate	
	Bronchioalveolar	Serum	
	Others	If others, Please Specify _____	

Symptoms:

ILI <input type="checkbox"/>	Fever <input type="checkbox"/>	Cough <input type="checkbox"/>
SARI <input type="checkbox"/>	Duration :-	Duration :-
Co morbidity	Temp. recorded (°F)	Dry:- <input type="checkbox"/> Productive:- <input type="checkbox"/>

Additional symptoms? If any, specify _____

Travel History in last 14 days?

☐ No ☐ Yes

Country visited (If yes) -

H/O close contact with positive COVID-19 patient?

☐ No ☐ Yes

Is the patient admitted in isolation ward/unit in hospital? Chest X-ray and CT Scan finding if any:-

☐ No ☐ Yes

**This form is to be filled mandatory by clinicians to send sample for COVID-19 test.*

**Sample from patient not meeting WHO case definition and not in isolation facility won't be accepted for COVID-19 testing.*

**Sample should be collected and transported in VTM with triple layer packaging and cold chain maintenance.*

Lab result to be communicated:-

Name:-

Phone No.:-

For further information please visit <https://www.nphl.gov.np/>

Contact Person: During Office Hours- Mr. Rajesh Kumar Gupta (9851239988).

If Sample Brought After Regular Office Hours (09:00 Am To 04:00 Pm),

Contact :Mr. Dinesh Thapa Magar

(9886128922)Mr. Naresh Thapa Magar

(9803152149)

Attending Physician:

Signature:

NMC number:

Contact Number: