## Invasive CORONAVIRUS

## Infection Laboratory Request Form

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| **I. Requester** | Hospital name: |
| Focal person name: |
| Telephone: |
| Fax number: |
| Email address: |
|  | |
| **II. Patient Identification** | Patient ID number: |
| Name: |
| Date of Birth: |
| Gender: 🞎 Male 🞎 Female |
| Date of symptom onset: / / |
| Vital status: 🞎 Alive 🞎 Death |
|  | |
| **III. Medical information** | Suspected diagnosis: 🞎 Coronavirus: MERS-CoV  🞎 Coronavirus: 2019-nCoV / COVID-19  🞎 Other: |
| Antiviral treatment: 🞎 Yes 🞎 No  Specify medication name:  Specify starting date: / / |
|  | |
| **IV. Specimen collection** | Specimen collection date: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ |
| Respiratory specimen: 🞎 Naso-pharyngeal swab, nb |\_\_\_\_\_|  🞎 Oral-pharyngeal swab  🞎 Nasal wash  🞎 Tracheal aspirate  🞎 Broncho-alveolar lavage  🞎 Lung biopsy  🞎 Other, specify: |
| Other specimen: 🞎 Serum, nb  🞎 Whole blood  🞎 Urine  🞎 Other, specify: |
|  | |
| **V. Reception at RHUH** | Date of reception: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ |
| Specimen condition: 🞎 Adequate 🞎 Inadequate, specify: |
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