



LAB NO.

**MPG** Member of the Public Health (Lab) Act 2017  
754 Ken. Reg. Clinical Pathology Group

AFFIX BARCODE LABEL HERE

LAB NO.  Rev: 015

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Referring Doctor  Copy Doctor  Copy Doctor

**Patient Details** **Person Responsible for Payment of Account**

Patient I.D. No.

Patient Surname:

Patient Initials & First Name:

Patient Date of Birth         Gender   Age  \*

Hospital / Folio Number

Nationality

Patient Cell No.:  \*

Patient Email

Department

Work Station

Telephone / Fax Number

Collection Date         Time  HOUR  MIN

Venesectionist  Submitted

I.D No.:

Surname & Initials:

First Name:  Title:

Postal Address:

Telephone No.: (C)  (H)

Email:

Employer:  (W)

Medical Aid Name:

Med Aid #

Cash Receipt:

Authorisation #  Dependent Code

Patient Membership Card Verified?  Y  N Account No.

Patient | Guardian Signatures: My signature indicates my understanding of, and my agreement to: comply with the terms of the legal declaration, provide consent for the processing of personal information and the releasing of test results as documented on back of this form. I give consent for tests and guarantee payment of any amounts.

Signature

ICD10 Codes:  Clinical | Drug Information:  Other Tests:

Patient MRI#

**SARS-CoV-2 (COVID-19) Request**

**Test:**  
C290  PCR SARS-CoV-2    C291  IgG Antibody Elisa

Repeat Test  Y  N

**Patient Physical Address**

County:

Town:

Estate:

Street:

**Sample Type:**

Nasopharyngeal Swab     Throat Swab

Tracheal Aspirate/BAL     Sputum

**Indication:**

Hospitalized patients     Healthcare worker     Workplace screening     In-bound traveller

Hospitalized pre-admission     Symptomatic out-patient     Contact with known case     Out-bound traveller

**Clinical Presentation For Symptomatic Patients**

Date of onset of symptoms

**Symptoms (tick all that apply):**

Fever ( $\geq 38^{\circ}\text{C}$ )  Y  N    Shortness of breath  Y  N    Chills  Y  N

Cough  Y  N    Nausea / Vomiting  Y  N    Diarrhoea  Y  N

Sore Throat  Y  N    Other  Y  N    Specify \_\_\_\_\_

**Travel History For Inbound Travellers**

Country	Date of Departure	Date of Return
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>