



Province Government
Ministry of Social Development
Province Public Health Laboratory
Province 1, Biratnagar

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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 Details	Province:	District:	
	Municipality:	Ward:	
	Mobile number:		
Purpose of sampling	Symptomatic patient <input type="checkbox"/>	Contact tracing <input type="checkbox"/>	Quarantine discharge <input type="checkbox"/>
Name of Hospital/Quarantine where patient is admitted			
Type of Collected Sample	Nasopharyngeal	Oropharyngeal (Throat)	
	Sputum	Endotracheal Aspirate	
	Bronchioalveolar	Others (Please specify)	

Symptom:

ILI	<input type="checkbox"/>	Fever	<input type="checkbox"/>	Cough	<input type="checkbox"/>
SARI	<input type="checkbox"/>	Duration		Duration:-	
Co-morbidity		Temp. recorded (°F)		Sputum:- Yes <input type="checkbox"/> No <input type="checkbox"/>	

Additional symptoms? If any, specify _____

Travel History in last 14 days? Country Visited (if yes):
 NO YES

H/O close contact with positive COVID-19 patient?
 NO YES

Is the patient admitted in isolation ward/unit in hospital?
 NO YES

RDT test (if performed): Positive Negative (Date:.....)

Previous PCR test result (if performed): Positive Negative (Date:.....)

Chest X-ray and CT scan findings if any:-

Lab result to be communicated:-

Name:-
Phone no:-

Attending Clinician:-

Signature:-
NMC Number:-
Contact number:-

Sample collected by:-

Name:-
NHPC number:-

- *This form is to be filled by health professionals to send sample for COVID-19 test.
*Sample should be collected and transported in VTM with triple layer packaging and cold chain maintenance.
* Kindly contact the contact person mentioned below before sample collection and transportation.

To be filled by laboratory testing COVID-19:

Sample received: Without cold chain management Without proper patient information Others: _____

For Further information:

Koshi Hospital, Biratnagar: Dr Kamana Sharma (9861288723)
BPKIHS Dharan: Contact person (9802795251)
PPHL: Mr. Prakash Chandra Karki (9862162482)