

**Novel Coronavirus (COVID-19) PCR**

FILL ALL THE FIELDS CLEARLY

MRI No: Mode of transport: In **viral transport medium**, In **ice**, In **triple package**, within 48 hours

Name:	Age:	Lab use only Fitting to case definition Yes <input type="checkbox"/> → novel corona PCR No <input type="checkbox"/> → influenza PCR
Institution:	Gender: M/F	
Address:	Ward/ ICU:	
.....		
Occupation:	BHT No:	

Date of sample collection:

Sample type (circle): NPA/ Sputum/ Tracheal aspirate/ BAL/ Nasopharyngeal & oropharyngeal swab / Tissue biopsy**Travel history (Mandatory):** Visit to China: Yes /No

Date of arrival to Sri Lanka:

Exposure to confirmed/probable case of 2019-nCoV: Yes/No

Date of exposure:

Co-morbid conditions: DM/Asthma/COPD/IHD/HT/CKD/Neurological/Cardiological

Clinical History (**Mandatory**): Duration of illness.....days

Temperature >38°C	Yes	No
Cough & cold	Yes	No
Sore throat	Yes	No
Difficulty in breathing/SOB	Yes	No
Diarrhoea	Yes	No

Lung signs: Crepitation/rhonchi/.....

Complication: Intubated/ O₂ dependent.....

Pneumonia: Y/N

Other.....

Investigations: WBC.....

N.....

L.....

CRP.....

Other.....

Chest X-ray: Inflammatory changes/Consolidation/Effusion

Name of the Clinician/HO/SHO:

Contact telephone number.....

Note: the request may be rejected if this form is not filled properly & the specimen is not transferred properly.

FOR LABORATORY USE ONLY

Date of sample receive:

In triple package: Yes/NO

Properly labeled: Y/N

Condition of the sample: Leaking/Not labeled/.....

Results: Positive / negative (date and time)