



ATH PUBLIC HEALTH LABORATORY

ABBOTTABAD

Laboratory Requisition Form for Corona Virus (SARS-CoV-2)

EPID Number : _____

I. LOCATION

1. Name of Health Facility _____

2. Name of District _____

II. DEMOGRAPHIC INFORMATION

IPMS MR Number _____

Name of patient _____

Father/Husband Name _____

CNIC Number _____

Gender _____

Age _____

Address _____

III. CLINICAL INFORMATION

Is the patient symptomatic? Yes No

If yes, please check the appropriate boxes:

Fever Sore throat Cough Diarrhea

Shortness of breath

others, specify _____

IV. SPECIMEN INFORMATION

Nasopharyngeal swab Oropharyngeal swab

Bronchioalveolar lavage

V. DATE OF SAMPLE COLLECTION

VI. SIGNATURE OF AUTHORISED PERSONNEL
