



B & B Hospital (Pvt.) Ltd.

(ISO 9001 : 2015 Certified)

Gwarko, Lalitpur

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Laboratory Sample Collection Form for COVID-19 RT-PCR Test

Date: 2077 / ___ / ___

Lab No:

Patient Name:			
Age:	<input type="radio"/> Male	<input type="radio"/> Female	
Current Address:	Province:	District:	
	Municipality:	Ward:	
Permanent Address:	Province:	District:	
	Municipality:	Ward:	
Contact details:	Landline:	Mobile:	
	Passport No:	2 nd Mobile:	
	Email:		
Referred by:	<input type="radio"/> Self (if self, specify)	<input type="radio"/> Symptomatic	<input type="radio"/> Primary Contact
		<input type="radio"/> Asymptomatic	<input type="radio"/> Others:
	<input type="radio"/> Ref Dr:	Hospital Name:	
	<input type="radio"/> Admitted:	Hospital Name:	
Previously test done:	<input type="radio"/> No	<input type="radio"/> Yes (if yes, Date & Result):	
Sample Type:	<input type="radio"/> Nasal Swab	<input type="radio"/> Throat Swab	<input type="radio"/> Other (specify)

Symptoms:

<input type="radio"/> ILI	<input type="radio"/> Fever	<input type="radio"/> Cough
<input type="radio"/> SARI	Duration:	Duration:
<input type="radio"/> Co morbidity	Temp recorded (°F)	<input type="radio"/> Dry <input type="radio"/> Productive
<input type="radio"/> Specify additional symptoms if any		

Travel History in last 14 days	<input type="radio"/> No	<input type="radio"/> Yes (specify):.....
H/O close contact with POS patient	<input type="radio"/> No	<input type="radio"/> Yes
Is patient admitted in isolation ward in hospital	<input type="radio"/> No	<input type="radio"/> Yes

** This form is to be filled mandatory by clinician to send sample for COVID-19 test*
** Sample should be collected and transported in VTM with triple layer packaging and cold chain maintenance.*
** As all testing and reports are reported to government authority, above mentioned details need to be verified by authorized person.*
** Reports may be delayed due to the process of reporting the results to the government.*

Attending Physician:

Signature:
 NMC Number:
 Contact Number:

For Referral Samples: Result to be communicated with

Name:
 Mobile No:
 Institute Name:

For further information, please contact
Mobile No: 9801910935
Phone No: 5531933 Ext: 244
B & B Hospital, Gwarko, Lalitpur

Stick Bar Code Sticker

For Lab Use only