

ICMR Specimen Referral Form for COVID-19 (SARS-CoV2)

INTRODUCTION

This form is for collection centres/ labs to enter details of the samples being tested for Covid-19. It is mandatory to fill this form for each and every sample being tested. It is essential that the collection centres/ labs exercise caution to ensure that correct information is captured in the form.

INSTRUCTIONS:

- ⊙ Inform the local / district / state health authorities, especially surveillance officer for further guidance
- ⊙ Seek guidance on requirements for the clinical specimen collection and transport from nodal officer
- ⊙ This form may be filled in and shared with the IDSP and forwarded to a lab where testing is planned
- ⊙ Fields marked with asterisk (*) are mandatory to be filled

SECTION A – PATIENT DETAILS

A.1 TEST INITIATION DETAILS

* Doctor Prescription: Yes ☐ No ☐

(If yes, attach prescription; If No, test cannot be conducted)

* Follow up Sample: Yes ☐ No ☐

If Yes, Patient ID:

A.2 PERSONAL DETAILS

* Patient Name:

* Age: Years/Months ☐ age <1 yr, pls. tick months checkbox)

* Patient in quarantine facility: Yes ☐ No ☐

* Gender: Male ☐ Female ☐ Others ☐

* Present Village or Town:

* Mobile Number:

* District of Present Residence:

* Mobile Number belongs to: Self ☐ Family ☐

* State of Present Residence:

* Nationality:

* Present patient address:

* Downloaded Aarogya Setu App: Yes ☐ No ☐

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(These fields to be filled for all patients including foreigners)

Pincode:

Aadhar No. (For Indians):

Passport No. (For Foreign Nationals):

* A.3 SPECIMEN INFORMATION FROM REFERRING AGENCY

* Specimen type Throat Swab ☐ Nasal Swab ☐ BAL ☐ ETA ☐ Nasopharyngeal swab ☐

* Collection date

* Sample ID (Label)

* A.4 PATIENT CATEGORY (PLEASE SELECT ONLY ONE)

A.4.1 Routine surveillance in containment zones and screening at points of entry

Cat 1: All symptomatic (ILI symptoms) cases including health care workers and frontline workers..... ☐

Cat 2: All asymptomatic direct and high-risk contacts (contacts in family and workplace, elderly ≥ 65 years of age, those with co-morbidities etc. ☐

Cat 3: All asymptomatic high-risk individuals ☐

A.4.2 Routine surveillance in non-containment areas

Cat 4: All symptomatic (ILI symptoms) individuals with history of international travel in the last 14 days..... ☐

Cat 5: All symptomatic (ILI symptoms) contacts of a laboratory confirmed case..... ☐

Cat 6: All symptomatic (ILI symptoms) health care workers / frontline workers involved in containment and mitigation activities ☐

Cat 7: All symptomatic ILI cases among returnees and migrants within 7 days of illness..... ☐

Cat 8: All asymptomatic high-risk contacts (contacts in family and workplace, elderly ≥ 65 years of age, those with co-morbidities etc. ☐