



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
- Field marked with asterisk(*) are mandatory

SECTION A – PATIENT DETAILS**A.1 TEST INITIATION DETAILS**

*Doctor's Prescription : Yes No

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

*Follow up Sample : Yes No

If yes, Patient ID :

A.2 PERSON DETAILS

*PatientName:

*Age: Years

*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:

*Patient's Present Address:

*Downloaded Aarogya Setu App: Yes No

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

Pin Code:

Aadhaar 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)**

- Cat-A1: Routine Surveillance in Containment Zone-All Symptomatic cases, including Healthcare and frontline workers
- Cat-A2: Routine Surveillance Containment Zone-All Asymptomatic cases, Direct and High Risk Contacts
- Cat-A3: Routine Surveillance Containment Zone-All Asymptomatic high risk individuals
- Cat-B4: Routine Surveillance in Non-Containment Zone-All Symptomatic cases with history of International travel in last 14 days
- Cat-B5: Routine Surveillance Non-Containment Zone-All Symptomatic contacts of Laboratory confirmed cases
- Cat-B6: Routine Surveillance Non-Containment Zone-All Symptomatic health care and frontline workers
- Cat-B7: Routine Surveillance Non-Containment Zone-Symptomatic cases among returnees and migrants within 7 days of illness
- Cat-B8: Routine Surveillance Non-Containment Zone-All Asymptomatic high risk contacts
- Cat-C9: In Hospital-All patients of Severe Acute Respiratory infection (SARI)
- Cat-C10: In Hospital-Symptomatic Patients presenting in a health care setting
- Cat-C11: In Hospital-Asymptomatic high risk patients
- Cat-C12: In Hospital-Asymptomatic patients undergoing surgical / non-surgical invasive procedures
- Cat-C13: In Hospital-Pregnant women in / near labour
- Cat-C14: In Hospital-Symptomatic neonats presenting with acute respiratory/ sepsis like illness
- Cat-C15: In Hospital-Patients presenting with atypical manifestations
- Cat-D16: Testing on Demand-Individuals undergoing travel to Countries/ Indian States mandating negative Covid19 test
- Cat-D17: Individual who wish to get tested

Section B- MEDICAL INFORMATION**B.1 CLINICAL SYMPTOMS AND SIGNS**Symptoms : Yes No If No please go to B.2 section

Symptoms	Yes	Symptoms	Yes	Symptoms	Yes	Symptoms	Yes	Symptoms	Yes
Cough	<input type="checkbox"/>	Diarrhoea	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	Fever at evaluation	<input type="checkbox"/>	Abdominal pain	<input type="checkbox"/>
Breathlessness	<input type="checkbox"/>	Nausea	<input type="checkbox"/>	Haemoptysis	<input type="checkbox"/>	Body ache	<input type="checkbox"/>		
Sore throat	<input type="checkbox"/>	Chest pain	<input type="checkbox"/>	Nasal discharge	<input type="checkbox"/>	Sputum	<input type="checkbox"/>		

Which of the above mentioned was First Symptom: Date of onset of First Symptoms:

B.2 PRE-EXISTING MEDICAL CONDITIONS

Condition	Yes	Condition	Yes	Condition	Yes	Condition	Yes
Chronic lung disease	<input type="checkbox"/>	Malignancy	<input type="checkbox"/>	Heartdisease	<input type="checkbox"/>	Chronic liver disease	<input type="checkbox"/>
Chronic renal disease	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>		
Immunocompromised condition: Yes <input type="checkbox"/> No <input type="checkbox"/>				Other underlying conditions:			

B.3 HOSPITALIZATION DETAILSHospitalized : Yes No

Hospital ID / Number:

Hospitalization Date:

Hospital State:

Hospital District:

Hospital Name:

B.4 REFERRING DOCTOR DETAILS

*Name of the Doctor:

Doctor's Email ID:

Doctor's Mobile No.:

Lab where sample is sent: **TATAK001 - Department of Laboratory Sciences, TATA Medical Center, Kolkata**

SRF ID Submit Date :

Sample Collector Name :

Mobile:

Center : **TATA MEDICAL CENTER****TEST RESULT (To be filled by Covid-19 testing lab facility)**

Date of sample receipt (dd/mm/yy)	Sample accepted/Rejected	Date of testing (dd/mm/yy)	Test result (Positive/Negative)	Repeat Sample required (Yes/No)	Sign of the Authority(Lab in charge)