



2019 Novel Coronavirus (2019-nCoV) Suspected Case Laboratory Request Form

Please complete this form carefully and circle the response.

1. Report/Investigation Information: Name of Investigator(s): _____ Date Case Investigated: ___/___/___ Name of Hospital : _____ Date Case Reported: ___/___/___				
2. Case Identification: Patient's Name: _____ Date of Birth: ___/___/___ Age: _____ years _____ months Sex: M / F Occupation: _____ Father's Name: _____ Full Permanent Address: State/Region: _____ Township: _____ Village/ward: _____ Street No. & House No: _____ Phone No.: _____				
3. Hospitalization: Yes / No Date of Hospitalization: ___/___/___ Name of Hospital: _____ Hospital Registration Number: _____ Clinical Diagnosis: _____ Patient's Condition: _____ Outcome: Recovered completely / Death / Unknown				
4. Travel History within last two weeks: Yes / No If yes, where : _____ When: ___/___/___				
5. Contact history with confirmed 2019-nCoV case within last two weeks: : Yes / No If yes, with whom _____				
6. History of attending to healthcare facility in a country where hospital associated 2019-nCoV infections have been reported: Yes / No If yes, where : _____ When: ___/___/___				
7. Poultry Contact History within last two weeks : Yes / No				
8. History of going to Wuhan Seafood market within last two weeks: Yes / No				
9. Sign and Symptoms: Date of onset of first symptoms: ___/___/___ Fever: Yes / No / Unknown Cough: Yes / No / Unknown Lower respiratory tract involvement ; dyspnea: Yes / No / Unknown or difficulty breathing : Yes / No Upper respiratory tract involvement ; sore throat : Yes / No / Unknown or sneezing: Yes / No Other symptoms : _____				
10. Comorbid conditions : Heart Disease () Asthma () Chronic Lung Disease () Liver Disease () Immunocompromised () Pregnancy () Other (Specify) : _____				
11. Specimen Collection:	Date Collected	Date Sent to Lab	Date of Result	Laboratory Results
Nasopharyngeal Swab:	___/___/___	___/___/___	___/___/___	Positive / Negative
Oropharyngeal Swab:	___/___/___	___/___/___	___/___/___	Positive / Negative
Bronchoalveolar Lavage:	___/___/___	___/___/___	___/___/___	Positive / Negative
Endotracheal Aspirate:	___/___/___	___/___/___	___/___/___	Positive / Negative
12. Case Classification: Lab confirmed Novel Coronavirus / Discarded				
13. Signature of responsible person filling the form _____				