EST. 1995
263 Thomas Street North Cummingsburg Georgetown, Guyana. (592) 225-7574
New Amsterdam, Rosehall, Parika, Anna Regina, Charity, Linden, Bartica, St.Vincent. +592 611-1409
EUREKA MEDICAL LABORATORIES INC.

SARS-COV-2 (COVID-19) TEST REQUISITION FORM

For laboratory use only.
Lab Accession #

ALL SECTIONS OF THIS FORM MUST BE COMPLETED AT EVERY VISIT

PATIENT DEMOGRAPHICS

First Name: _____ Last Name: _____ Sex at birth ☐ M ☐ F Date of birth _____ *DD/MM/YYYY* Age _____

Address: _____ Region _____ Patient phone #: _____ Patient email: _____ Place of Work _____

HISTORY

Travel History

Recent travel ☐ Y ☐ N Travel to/from: _____ Date of travel: _____ *DD/MM/YYYY* Date of return: _____ *DD/MM/YYYY*

Exposure History

Exposure to probable, or confirmed case? ☐ Y ☐ N Exposure details: _____ Date of exposure: _____ *DD/MM/YYYY*

Clinical History

☐ Asymptomatic
☐ Symptomatic

Symptoms:
☐ fever
☐ chills
☐ general weakness
☐ dry cough
☐ shortness of breath
☐ sore throat
runny nose

☐ difficult breathing
☐ diarrhoea
☐ vomiting
☐ nausea
☐ irritability
☐ headache
confusion

☐ pain _____
other, **specify:** _____

Date of symptom onset _____ *DD/MM/YYY*

Previous COVID-19 PCR test result: ☐ Y ☐ N
Date: _____ *DD/MM/YYYY*
Result: _____

Purpose of test: ☐ Job ☐ Travel ☐ Other, **specify** _____ Date of Travel: _____ *DD/MM/YYYY* Travel Time: _____ ☐ AM ☐ PM

SUBMITTING HEALTHCARE PROVIDER INFORMATION

SUBMITTING PHYSICIAN

Name: _____ Signature: _____ Address: _____

Phone #: _____ Fax #: _____ Email: _____

OR SUBMITTING HOSPITAL/CLINIC/LAB

Name: _____ Address: _____ Phone: _____

Primary contact Name: _____ Primary contact phone #: _____ Primary contact email: _____

LABORATORY INFORMATION

Source/Specimen type
☐ NP swab
☐ Oropharyngeal swab
☐ Deep or Mid-turbinate Nasal Swab
☐ Bronchoalveolar lavage (BAL)
☐ Other, specify: _____

Test requested
☐ SARS-CoV-2 (COVID-19) RT-PCR Assay

Patient Status
☐ Walk-In
☐ Appointment

Priority
☐ Routine
☐ Urgent

Appointment Date: _____ *DD/MM/YYYY*
Appointment Time: _____ ☐ AM ☐ PM

Date to uplift results: _____ *DD/MM/YYYY*

Name of Collector: _____ Signature of Collector: _____ Collection Date: _____ *DD/MM/YYYY* Collection Time: _____ ☐ AM ☐ PM