

# Laboratory Test Request Form Suspected Novel Coronavirus Cases



Khyber Pakhtunkhwa Public Health Reference Laboratory (KP-PHRL)  
Khyber Medical University, Near PDA building, Phase-V, Hayatabad, Peshawar.  
0333-4160303

EPID no	COVID/PAK/KP/	District code	2020									
Sample date	D	d	-	m	m	-	2	0	y	y		
Shipment date	D	d	-	m	m	-	2	0	y	y		
Sample type	Oropharyngeal swab <input type="checkbox"/>				Nasopharyngeal swab <input type="checkbox"/>				Whole Blood <input type="checkbox"/>			
	Other: _____											

**Interviewer Information:**

Physician Name			
Designation			
Hospital / site			
Contact number			

**Patient Information:**

**Patient type:** Quarantine/ isolation/ contact/ symptomatic

Full Name			
Father /Husband name			
Nationality			
Age (in Years)	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>		
CNIC		-	
House no:			
Street no:		Sector:	
Mohallah/Village:			
District/Tehsil:			
City:		Province:	
Mobile no.			

Symptoms	
Date of Symptom onset	
Travel history (if any)	
Has the patient had contact with a confirmed case	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other exposure:

(Signature)

**Instructions:**

1. Please follow NIH and Department of Health, Khyber Pakhtunkhwa current guidelines for case definition. These information are available on healthkp.gov.pk and NIH.org.pk
2. Instructions for sample taking and shipment overleaf