GRANDE INTERNATIONAL HOSPITAL

Care to Cure

LABORATORY SAMPLE COLLECTION FORM FOR COVID-19 (RT-PCR) TEST

Patient's Details Date:

Patient's Name:				
Patient's Age:	DOB:		Sex:	
Patient's Hospital ID:				
Contact details	Mob:	Emergency No:	Email:	
Patient's Current Address	Municipality:	Ward No:	Tole:	
	District:		Province:	
Occupation		Date of onset of first symptom:		
Is Detected from Contract Tracing? ☐ Yes ☐ No		Have you traveled anywhere till 15 days ago? ☐ Yes ☐ No		

विरामीको विवरण: मिति:

विरामीको नाम:				
विरामीको उमेर:	जन्म मिति:		लिङ्ग:	
हस्पिटल नं.:				
सम्पर्क:	मो. नं.:	इमर्जेन्सी नं.:	ईमेल:	
विरामीको हालको ठेगाना:	गा.पा/नगरपालीका:	वडा नं.:	टोल:	
	जिल्ला:		प्रदेश:	
पेशा:		पहिलो लक्षणको सुरुवातको मिति:		
राहदानी नं./परिचय पत्र नं.:				
कन्ट्याक ट्रेसिङबाट पत्ता लागेको हो ? ☐ हो ☐ होईन		१५ दिन भित्र कतै आवातजावात गर्नु भएको थियो ? ☐ थियो ☐ थिएन		

Reason for testing:

Planned travel ☐	Mandatory requirement ☐	Returnee/Migrant worker ☐	Pre-Medical/surgical procedure ☐
Pregnancy complications/Pre-delivery ☐	Testing by Government authority for other purpose ☐		Test on demand by person ☐

Symptoms (Write duration in days in corresponding symptoms)

Fever/Cough ☐	Muscle pain ☐	Running nose ☐	Diarrhea ☐	Chest pain ☐	Shortness of breath ☐	Sore throat ☐	Body ache ☐

History of Covid vaccination

Covishield first dose / Second dose	Verocell vaccine First dose / Second dose	Others ....

Type of sample collected for RT-PCR

Nasopharyngeal ☐	Oropharyngeal (Throat) ☐	Endotracheal Aspirate ☐	Bronchoalveolar Lavage ☐

Travel Details (For Travellers Only)

Passport No./ID No.: ....

Travel Destination: .... **Airlines:** ....

Swab Collected by: .... Designation: CMLT / BMLT / .... NHPC No.: ....

Signature : ....

For Hospital Use Only: **Hospital No.:** .... **SID No.:** ....