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Ministry of Health & Population
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Laboratory Sample Collection Form for Suspected COVID-19 Case

Date: __/__/____

S.No.....

Patient's Name			
Patient's Age	Sex:- <input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB:
Patient's Temporary address	Province: _____	District: _____	
Patient's Permanent address	Municipality: _____	Ward: _____	
Patient's Contact Details	Landline: _____	Mobile: _____	
Name of hospital where patient is admitted	Email: _____		
Patient's Hospital ID			
Type of Collected Sample	Nasopharyngeal	Oropharyngeal (Throat)	
	Sputum	Endotracheal Aspirate	
	Bronchioalveolar	Serum	
	Others	If others, Please Specify _____	

Symptoms:

ILI <input type="checkbox"/>	Fever <input type="checkbox"/>	Cough <input type="checkbox"/>
SARI <input type="checkbox"/>	Duration :-	Duration :-
Co morbidity	Temp. recorded (°F)	Sputum:- Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional symptoms? If any, specify _____

Travel History in last 14 days?

No Yes

Country visited by you (If yes) -

H/O close contact with positive COVID-19 patient?

No Yes

Is the patient admitted in isolation ward/unit in hospital?

No Yes

Lab result to be communicated:-

Name:-

Phone No.:-

Chest X-ray and CT Scan finding if any:-

**This form is to be filled mandatory by clinicians to send sample for COVID-19 test.*

**Sample from patient not meeting WHO case definition and not in isolation facility won't be accepted for COVID-19 testing.*

**Sample should be collected and transported in VTM with triple layer packaging and cold chain maintenance.*

Attending Physician:

Signature:

NMC number:

Contact Number:

To be filled by NPHL:

Sample Received: Without Cold Chain Management Without proper patient information Others:

For further information please visit <https://www.nphl.gov.np/>

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