NAMIBIA CENTRAL PATHOLOGY

URGENT RESULTS ONLY

CONTACT DETAILS: Name & Surname..... Phone Number.....

CONTACT DETAILS: Tel: +264 61 228 678 | Email: info@ncp.com.na | Cell: +264 81 808 8039

BARCODE HERE

COVID-19 REQUEST FORM

Requesting Doctor:	Doctor's Practice No:	Doctor's Contact No:	Copies to:

PATIENT DETAILS

Patient I.D. No.

Patient Surname

Patient Initials & First Name

Patient Date of Birth (D D M M Y Y Y Y) Gender (F / M) Age

Hospital / Folio Number

Patient Cell No.

Patient Email

By signing this form, I give full authority for these requested tests to be performed by this laboratory and, or by any of its other reference laboratories. I confirm that I understand and accept that additional tests may be performed at the discretion of the laboratory when specific results are obtained. indemnify Namibia Central Pathology against action that may be brought by virtue of this request and I undertake to settle all outstanding funds should the medical aid fail to make such payments.

Signature

Hospital Patient (Y / N) Fasting Random Routine Urgent

Telephone / Fax Number

PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT

I.D. No.

Surname & Initials

First Name Title

Postal Address

C O D

Telephone No. (C) (H)

Email

Employer (W)

Medical Aid Name

Med. Aid # Cash Receipt #

Authorisation # Dependent code

Patient Memebership Card Verified? (Y / N)

SARS-COV-2 (COVID-19) REQUEST

Patient Physical Address

Country:

Town:

Estate:

Street name:

TEST TYPE:

- ☐ C290
- ☐ PCR SARS-CoV-2
- ☐ SARS-COV-2 IgG Test

SAMPLE TYPE:

- ☐ Blood
- ☐ Sputum
- ☐ Nasopharyngeal Swab
- ☐ Throat Swab
- ☐ Nasal Swab
- ☐ Tracheal Aspirate
- ☐ Broncho Alveolar Lavage

INDICATION:

- ☐ General Screening
- ☐ Recent travel
- ☐ Contact with a known positive case
- ☐ Healthcare worker
- ☐ Outbound Passenger
- ☐ Hospitality Staff
- ☐ Quarantined
- ☐ Truck Driver

TRAVEL HISTORY

Country	Date of Depature (D D M M Y Y Y Y)	Date of Return (D D M M Y Y Y Y)

CLINICAL HISTORY

Date of onset of symptoms (D D M M Y Y Y Y)

SYMPTOMS (TICK ALL THAT APPLY)

Fever (+38°C)	Y / N	Shortness of breath	Y / N
Cough	Y / N	Nausea / Vomiting	Y / N
Chills	Y / N	Diarrhoea	Y / N
Sore Throat	Y / N	Other	Y / N

Specify_____