|  |  |
| --- | --- |
| **COVID-19** Community Testing Service Request v2.2  | Request CodeHIOW IPC |
| **If the request is for pre-admission screening, please specify the date of admission and the date the screen needs to be done** (usually 48-72 hours prior to admission) |
| **Date of planned** Click here to enter a date.**Admission DD/MM/YYY** | **Date screen to be taken** Click here to enter a date.**DD/MM/YYY** |
| **PATIENT ADDRESS INFORMATION** **This is WHERE the person will be swabbed**  | **REQUESTER INFORMATION****This is WHO will receive the results of the swab** |
| Can you or the patient do the swab? (any area with clinical staff will be expected to perform their own screens)  | [ ]  Yes [ ]  No  | Organisation (requesting the test) | [ ]  PHE [ ]  HHFT [ ]  UHS [ ]  PHTOther Click here to enter text. |
| [ ]  Care Home [ ]  HMP [ ]  Private home residence | [ ]  School [ ]  Hostel[ ]  Other | Senders Details(address) | Click here to enter text. |
| Results for the attention of: | Dept: | Click here to enter text. |
| Name: | Click here to enter text. |
| Address (the location where the person will be swabbed):Click here to enter text.Postcode:Click here to enter text. | Tel: | Click here to enter text. |
| GP address:Click here to enter text.Postcode:Click here to enter text. |
| Contact phone: | Click here to enter text. |
| **PATIENT/RESIDENT INFORMATION This is WHO will be swabbed** |
| NHS No. | Click here to enter text. | Sex [ ]  Male [ ]  Female |
| Surname | Click here to enter text. | Date of Birth | Click here to enter a date. DD/MM/YYY |
| Forename | Click here to enter text. | [ ] Pregnant [ ] Staff member [ ] Resident/patient |
| White [ ] British[ ] Irish[ ] Any other White background | Mixed[ ] White and Black Caribbean[ ] White and Black African[ ] White and Asian[ ] Any other mixed background | Asian or Asian British[ ] Indian[ ] Pakistani[ ] Bangladeshi[ ] Any other Asian background  | Black or Black British[ ] Caribbean[ ] African[ ] Any other Black background | Other Ethnic Groups[ ] Chinese[ ] Any other ethnic group |
| **SAMPLE INFORMATION This is WHAT will be tested** |
| [ ]  Combined Nasal/Throat swab | Date of collection Click here to enter a date. DD/MM/YYY |
| [ ]  Nasal swab | [ ]  Throat swab | All samples submitted should be treated as though the patient is infected with a Hazard Group 3 Pathogen. All samples must be sent in accordance with Cat B transport guidance. |
| **REASON FOR TESTING This is WHY the person will be swabbed** |
| [ ]  Pre-admission screen – care home / respite |  | [ ]  Other (please specify) |
| [ ]  Pre-admission screen - hospital | [ ]  Symptomatic / outbreak |
| Please send this form to community.testing@nhs.net to request a test | Onset of symptoms date:Click here to enter a date. |
| [ ] Fever ≤37.8C [ ] Continuous cough[ ] Shortness of breath | [ ] Loss of taste/smell[ ] Other (details)Click here to enter text. |