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| **COVID-19** Community Testing Service Request v2.2 | | | | | | | | | | | | | | | Request Code  HIOW 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  PHT  Other 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](mailto: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. | |