

HOSPITAL COVID-19 TESTING

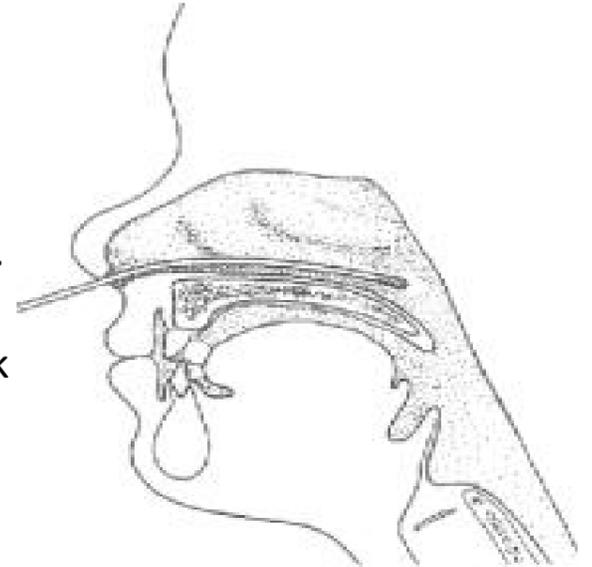
SPECIMEN COLLECTION INSTRUCTIONS - ONE swab required

1. Nasopharyngeal **RED** top UTM



Nasopharyngeal Swab Procedure:

- The patient can either lie flat on a bed or sit up with his/her head back against a wall.
- The nasopharyngeal swab is slowly inserted through the nose into the upper pharyngeal cavity.
- It should pass along the floor of the nasal passage (parallel to the palate) in order to minimise the risk of damage to the nasopharyngeal roof. (see diagram)
- If any resistance is felt, try the other side
Some patients have a deviated septum on one side.



2. Place swab in to the **RED** Viral Tube

3. Label Specimen

- Patient Family Name
- Patient First Names
- NHI or DOB
- Date
- Time of specimen collection

4. Biohazard Bag

place labelled **RED** viral tube in biohazard bag.

PLEASE DO NOT INCLUDE ANY OTHER SPECIMENS IN BIOHAZARD BAG WITH SWAB

5. SPECIMEN MUST BE DOUBLE BAGGED

- Place the biohazard bag containing the specimen into a **second biohazard bag**
- Insert the Laboratory Request form in the outside pocket of bag
- Place COVID-19 sticker on bag



Note: COVID-19 specimens can be sent through the Lamson system

ADDITIONAL SPECIMENS

ie blood tubes MUST be in a separate Biohazard Bag with a separate laboratory request form

Please Note:
as collection equipment stock levels change, the contents of collection kit may vary.

Laboratory Request Form

Family Name		First Names		Hospital No.	
Address					
Age	Date of Birth	Sex	Ward	Consultant(s)	
Copy to...					
HAEMATOLOGY			OTHER TESTS <small>...print clearly</small>		
\$10.70	CBC	<input type="checkbox"/>	Swab for COVID-19 Testing		
\$9.03	INR	<input type="checkbox"/>			
MICROBIOLOGY					
\$26.72	Blood Cultures	<input type="checkbox"/>			
\$16.19	Urine Cultures	<input type="checkbox"/>			
BIOCHEMISTRY					
\$12.44	Troponin T	<input type="checkbox"/>			
\$3.47	CK	<input type="checkbox"/>			
Requested by... <small>print all names</small>			CURRENT THERAPY		SITE
Dr	Date	Pager	Warfarin <input type="checkbox"/>	Heparin <input type="checkbox"/>	ANTIBIOTIC THERAPY
Signed Dr					Current / Proposed
Collected by			For drug assays : time of last dose		
Date					
Pager					
Signed					



LABORATORY REQUEST

URGENT ROUTINE

SUPPORTING CLINICAL INFORMATION

Travel:
Country of concern.....
Days since return.....

Contact with COVID patient: Yes/No

Symptoms:
Fever: Yes/No
Cough: Yes/No
SOB: Yes/No
Sore throat: Yes/No
Other symptoms.....

SUPPORTING CLINIC INFORMATION is essential and must be provided