

COVID-19 TESTING

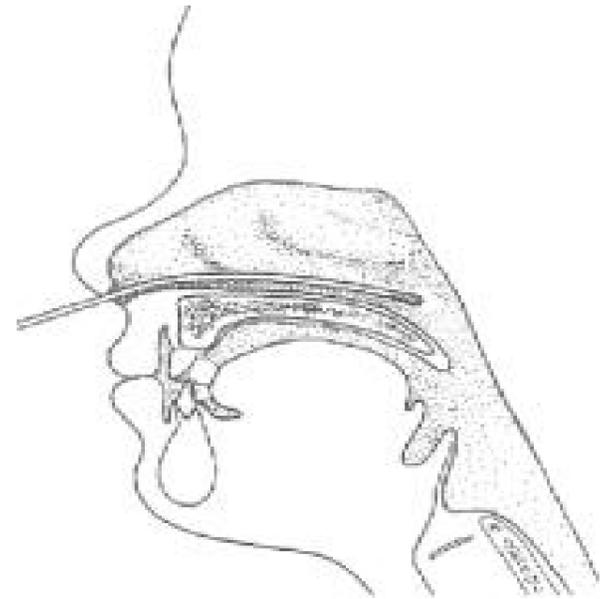
SPECIMEN COLLECTION INSTRUCTIONS - ONE swab required

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.
- The length of the Nasopharyngeal swab shaft requires cutting with scissors to fit into the red top vial tube
- Scissors must be cleaned with alcohol wipe after use



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

3. Label Specimen

- Patient Family Name
- Patient First Names
- 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

ADDITIONAL SPECIMENS

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

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



Laboratory Request Form

NHI NUMBER		SURNAME		FIRST NAMES																																																								
DOB	SEX	ETHNICITY	PATIENT ADDRESS & PHONE																																																									
DOCTOR			COPY TO																																																									
MC NUMBER	PIN/PAN																																																											
TESTS REQUESTED																																																												
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<input type="checkbox"/> (Ctrl)																																																												
Supporting Clinical Information:																																																												
SYMPTOMS: Date of onset _____ Fever: Yes / No _____ Cough: Yes / No _____ SOB: Yes / No _____ Sore Throat: Yes / No _____ Other Symptoms: _____			TRAVEL: Country of Concern _____ Days since return _____ Contact with COVID patient: Yes / No _____																																																									
Drs Signature _____ Date ____/____/____						I certify that the tests requested are for an eligible person and meet the criteria for a subsidised service.																																																						
						FOR LAB USE ONLY <table border="1"> <thead> <tr> <th>SPECS</th> <th>Taken</th> <th>Received</th> </tr> </thead> <tbody> <tr> <td>Citrate</td> <td></td> <td></td> </tr> <tr> <td>SST</td> <td></td> <td></td> </tr> <tr> <td>EDTA 4ml</td> <td></td> <td></td> </tr> <tr> <td>EDTA 6ml</td> <td></td> <td></td> </tr> <tr> <td>Fluoride</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> <tr> <td>Urine</td> <td></td> <td></td> </tr> <tr> <td>Swab</td> <td></td> <td></td> </tr> <tr> <td>Faeces</td> <td></td> <td></td> </tr> <tr> <td>Sputum</td> <td></td> <td></td> </tr> <tr> <td>Semen</td> <td></td> <td></td> </tr> <tr> <td>Histo</td> <td></td> <td></td> </tr> <tr> <td>Collected by</td> <td></td> <td></td> </tr> <tr> <td>Depot</td> <td></td> <td></td> </tr> <tr> <td>Date</td> <td></td> <td></td> </tr> <tr> <td>Time</td> <td></td> <td></td> </tr> <tr> <td>Spec Rec</td> <td>1</td> <td>2</td> </tr> </tbody> </table>	SPECS	Taken	Received	Citrate			SST			EDTA 4ml			EDTA 6ml			Fluoride			Other			Urine			Swab			Faeces			Sputum			Semen			Histo			Collected by			Depot			Date			Time			Spec Rec	1	2
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Please Note:

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

SUPPORTING CLINIC INFORMATION is essential and must be provided