

Rapid Covid (Point of Care Testing)

This is a downtime form ONLY
Allscripts request forms MUST be used if available

Lab No (lab use only)

Please use CAPITAL letters in BLACK ink only * Required fields

NHS Number

Family Name (Surname)*

Requester code

Given name (Forename)*

Location code

Address *

Town

Postcode *

Telephone

Date of Birth *

D D M M Y Y Y Y

Male *

Female *

High Risk

Urgent

Date of Collection *

D D M M Y Y

Time of Collection

H H M M

Collected by:

Print Name *

Signature

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Rapid Covid

Dry Nasopharyngeal Swab Specimen

- Samba swab contained in Samba buffer tube (green top)
- Liat swab contained in Liat buffer tube (yellow top)

NOTE: The correct swab types are supplied with the Rapid Covid buffer tube - samples with a mismatched swab/tube cannot be analysed and will be rejected

Relevant clinical details:

Date and time received (Lab use only)