



National Virus Reference Laboratory
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Belfield, Dublin 4

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SARS CoV-2 REQUEST FORM

PATIENT DETAILS

Forename: DOB:

D	D	M	M	Y	Y	Y	Y
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Surname: Sex :

F	M
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Patient/Guardian Address (Including Eircode): **NB:** Please note that both the sample and the test request form must detail the patients name and DOB

Patient/Guardian Mobile Number: Swift Queue Refer Number:

NB: A mobile number is essential

SPECIMEN DETAILS

Specimen Type:

Combined Oropharyngeal, Nasopharyngeal swab	<input type="checkbox"/>
Nasal swab	<input type="checkbox"/>

 Specimen Date & Time of collection:

D	D	M	M	Y	Y	Y	Y
H	H	M	M				

REQUESTING DETAILS

SAMPLE COLLECTED BY:
 Name:
 Signature:
 Date:

D	D	M	M	Y	Y	Y	Y
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NAS Incident Number:

GP NAME: _____

 GP PHONE NUMBER: _____
 GP ADDRESS: _____

DEPARTMENT OF PUBLIC HEALTH

(Please tick the appropriate box)

Eastern Health Board (EHB).....

Midland Health Board (MHB).....

Mid-Eastern Health Board (MWHB).....

North-Western Health Board (NWHB).....

Noth-Eastern Health Board (NEHB).....

South Eastern Health Board (SEHB).....

Southern Health Board (SHB).....

Western Health Board (WHB).....