



# SARS CoV-2 REQUEST FORM

## PATIENT DETAILS

Forename:

DOB:

Surname:

Sex:

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 Referral Number:

**NB:** A mobile number is essential

## SPECIMEN DETAILS

Specimen Type:  Combined Oropharyngeal, Nasopharyngeal swab  
 Nasal swab

Specimen Date & Time of collection:

## REQUESTING DETAILS

SAMPLE COLLECTED BY:

Name:

NAS Incident Number:

Signature:

Date:

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).....