Government of Nepal
Ministry of Health & Population
Department of Health Service
National Public Health Laboratory
Teku, Kathmandu

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Laboratory Sample Collection Form for Pooled Testing for Quarantine Sites

*(*Please use regular Laboratory Collection Form if a person is symptomatic.)*

S.No.....

Date of Sample Collection	
Name of quarantine center	
Address of quarantine center	Province: _____District: _____ Municipality: _____Ward:_____
Sample Collection done by:	Name of organization: _____ Name of Sample collector: _____ Phone No: _____
Total number of sample collected:	

Lab result to be communicated to: -

Name:- _____
Designation: _____
Phone No. _____

NOTE:

* *This form is applicable only for collecting sample for pool testing from quarantine sites.*

* *If a case is identified to have symptoms the regular form should be used for sample collection. Kindly use separate Laboratory collection form if a person is symptomatic.*

**Line listing forms should also be filled and send along with this form.*

**This form is to be filled mandatory by sample collecting team while sending sample for COVID-19 test from larger population group such as quarantine centers for pooled testing*

**Sample should be collected and transported in VTM with proper triple layer packaging and cold chain maintenance.*

To be filled by NPHL:

Sample Received:
With Cold Chain Management ☐ Yes ☐ No
With proper patient information ☐ Yes ☐ No
Others: …… ☐ Yes ☐ No

Sample Received by: (Name)……

Signature……..

This form can be downloaded and is available for printing at NPHL webpage; https://www.nphl.gov.np/
Contact Person: Mr. Rajesh Kumar Gupta (9851239988)

**Please use the regular sample collection form separately, if a person is symptomatic.*

Line Listing: Laboratory Sample Collection Form for Pooled Testing in Quarantine sites

S.No	Name	Age	Sex	Comorbidity *(Tick the comorbidity condition)*	Travel History in past 14 days (Y/N)	Any history of close contact with positive COVID-19 patient? (Y/N)	Type of Sample collected	Remarks
				☐ COPD ☐ Hypertension ☐ Diabetes *If others; Specify*__________________	☐ Yes ☐ No *If Yes; Specify name of place:* ________________________	☐ Yes ☐ No	☐ Oropharyngeal Swab ☐ Deep Nasal Swab ☐ Both	
				☐ COPD ☐ Hypertension ☐ Diabetes *If others; Specify*__________________	☐ Yes ☐ No *If Yes; Specify name of place:* ________________________	☐ Yes ☐ No	☐ Oropharyngeal Swab ☐ Deep Nasal Swab ☐ Both	
				☐ COPD ☐ Hypertension ☐ Diabetes *If others; Specify*__________________	☐ Yes ☐ No *If Yes; Specify name of place:* ________________________	☐ Yes ☐ No	☐ Oropharyngeal Swab ☐ Deep Nasal Swab ☐ Both	
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