



**CHINESE GENERAL HOSPITAL AND MEDICAL CENTER
INSTITUTE OF PATHOLOGY
COVID-19 PCR LABORATORY TEST REQUEST FORM**



Accession No. _____
CS No.: _____

Date: _____
OR No.: _____

PATIENT INFORMATION: (PLEASE WRITE LEGIBLY)			
Name: (Last, First, Middle)		Date of Birth: (MM/DD/YYYY)	Age: _____ Gender: _____
Room: _____		Contact no.: _____	Email Address: _____
Address: (House/Lot No., Street, Barangay, District, Municipality, Province, Region)			
Employer's Name (Local)	Occupation	Place of Work	Date and Time of Collection: _____
Specimen Type: Nasopharyngeal swab <input type="checkbox"/> Sputum <input type="checkbox"/> Oropharyngeal swab <input type="checkbox"/> Bronchoalveolar lavage <input type="checkbox"/>			Name of Collector: _____
Number of family members living in the same house: _____			
REQUESTING UNIT INFORMATION:			
Physicians Name and Signature: _____ Affiliated Hospital/Clinic: _____ _____		Local Government Unit (LGU): _____ _____	
Tel./Cell No.: _____ E-mail add: _____		Contact Person: _____ Contact: Number: _____	
Signs and Symptoms Checklist (put a check mark on symptoms experienced within 2 to 14 days) <i>(This list does not include all possible symptoms. DOH/CDC will continue to update this list as we learn more about COVID-19.)</i>			
<input type="radio"/> Fever or chills <input type="radio"/> Cough <input type="radio"/> Shortness of breath or difficulty breathing <input type="radio"/> Fatigue <input type="radio"/> Muscle or body aches <input type="radio"/> Headache		<input type="radio"/> New loss of taste or smell <input type="radio"/> Sore throat <input type="radio"/> Congestion or runny nose <input type="radio"/> Nausea or vomiting <input type="radio"/> Diarrhea	

The Laboratory Department shall exert all efforts to issue the test results within 3 days after swabbing for the Regular PCR Test and within 12-24 hours after swabbing for STAT-PCR. However, due to inadvertence and unforeseen circumstances beyond our control, I understand and fully accept that the hospital shall not be liable for unintended delay in the release of the result of the PCR Test

I hereby voluntarily waive my rights under the Data Privacy Act of 2012 (R.A. # 10173) in the release of my PCR Test Result to the DOH and its local partners under the IATF Resolution # 22 Series of 2020, dated April 8, 2020, Paragraph C, regarding the mandatory public disclosure of the personal information of positive COVID-19 cases to enhance contact tracing efforts of the government.

I hereby further declare that I indicated any signs and symptoms that I may have in this request form as required by R.A. 11332.

Signature over Printed Name