



# High Care Laboratories | Covid-19 Request Form

Unit 16 LPPH West Medical Suites. Lady Pohamba Private Hospital, Windhoek. NAMIBIA

Tel: +264 61 250 462, +264 81 146 9097 (Main Lab) +264 61 250 477 (Accounts)

Email: [highcare@iway.na](mailto:highcare@iway.na)

Practice Numbers: 037 000 0434728 / 037 000 0692492

<b>[A] REFERRING DR.</b>		<b>Copies To Dr</b>	
PRACTICE		Hospital	Ward
<b>[B] PATIENT</b>	<b>SURNAME</b>		
<b>DETAILS</b>	<b>NAME (S)</b>	Gender	Male Female DOB: dd / mm / yyyy
<b>PASSPORT/ ID No.</b>			
Residential		Email Add.	
Address			
<b>[C] ACCOUNT/ Mr. /Mrs. /Ms. /Dr.</b>			
Postal		Telephone.	
Address			
<b>MEDICAL AID</b>		<b>No.</b>	<b>Suffix:</b>
<b>[D] SPECIMEN COLLECTION</b>	Date:	Time:	By:

## SARS- CoV 2 (Covid- 19) Request

**TEST REQUESTED**

URGENT       ROUTINE  
 Covid-19 PCR       Covid-19 Antigen     

**SPECIMEN TYPE**

Nasopharyngeal (NP) swab       Oropharyngeal (OP) swab       NP & OP swab       Other(Specify)

**REASON FOR TESTING**

Hospital patient (symptomatic)       Quarantine (2nd sample)       Contact tracing  
 Healthcare worker       Travel (medical reasons)       Travel (non-medical)  
 Truck driver       Hospital admission (pre-op)       Retest (date of previous test)

**TRAVEL HISTORY**

Country:       Departure date:       Return date:   
 Country:       Departure date:       Return date:

**SIGNS & SYMPTOMS (tick all that apply)**

Fever(≥38°C)       Sore throat       Diarrhoea       Loss of smell       Chills       Other  
 Cough       Shortness of breath       Body pains       Vomiting       Loss of taste       Other

Client/ Guardian Signature:

Signature: PERSON RESPONSIBLE FOR ACCOUNT PAYMENT

*This signature certifies that the information supplied on this form is correct. It further gives consent for the selected test/s to be performed and guarantees payment of the fees thereof. I understand that Covid -19 is a notifiable disease and High Care Laboratory will disclose test results to relevant authorities when required. I indemnify High Care Laboratory against false positive or false negative that may arise due reasons beyond the laboratory's control.*