

West of Scotland Specialist Virology Centre
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West of Scotland Specialist Virology Centre SARS-CoV-2 (2019-nCoV) Request Form

	1							
Patient Surname								
(or anonymous number) Patient Forename								
Patient Forename								
Patient CHI (or DoB)		//						
Patient Gender								
Referral Source								
Address of Referral Source								
Name of Requester								
Contact telephone								
Laboratory reference number								
Requestors signature								
Type of sample								
Date sample taken		//			Time sample tal	ken		<b>:</b>
Travel history (include date patient returned to UK)								
Date onset of symptoms		//		Clinical details/reason for testing				
		FOR LABORATORY USE ONLY						
Clinical Code				Clinical Code				
RS1				H1H3				
	RS2			H5				
PCRWCV				H7				
STORE								
CODED BY					L			
(Laboratory sta		iff number)						



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http://www.nhsggc.org.uk/virology
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