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LABORATORY INVESTIGATION FORM FOR CORONA VIRUS DISEASE (COVID-19) (CORPRATES FORM)

Date:/...../..... Location: ANCA Lab Home Office
Reason for testing: Case Contact Quarantine Status
BASIC PCR (TAT 8 HOURS) EXPRESS PCR (TAT 4 HOURS) ANTIGEN (30 MINS)
Requested by: Self Referral Name of referring Doctor.....

Section 1: Customer Information

Surname..... First Name..... Sex: M F
Date of Birth: Nationality:..... NIN / Passport No..... District.....
Phone No..... Email Address: (Please fill in CAPS)
Next-of-kin..... Next-of-kin phone No.....

Vaccination: Have you been vaccinated? Yes No
Type of Vaccine: Astrazeneca Other (Please specify).....
1st Dose 2nd Dose
Have you ever tested positive? Yes No

Basic Screening

Have you had any of the following symptoms in the last 7 days?
1. Headache 2. Cough 3. Fever 4. Sore Throat 5. Difficulty in breathing
6. Any Other.....

Section 2: For Official use

Sample type: NP OP
Swabbed by: Time of swabbing.....
Lab reception time: Results dispatch time:
Results: NEGATIVE POSITIVE
Lab Technologist.....