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

Date:/...../..... Location: ANCA Lab Home Office

Reason for test: TRAVEL

BASIC PCR (TAT 8 HOURS) EXPRESS PCR (TAT 4 HOURS)

Requested by: Self Referral Name of referring Doctor.....

Section 1: Customer Information

Surname..... First Name..... Sex: M F

Date of Birth: Nationality:..... NIN / PassportNo..... 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. Body Pains 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.....

If you have any questions regarding this form please ask your customer care executive
ANCA BIOTECH is fully accredited by Ministry of Health Uganda

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