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SARS-CoV-2 Request Form

Internal Number: _____

Invoice Number: _____

Lab Request Number: _____

*All fields marked with * are MANDATORY*

*Testing Centre: _____

*Testing Reason:

Hospitalised Patient (Symptomatic)	Truck Driver (Cross Border)	Health Worker (Symptomatic)	Deceased	Suspected New Case	Quarantine (1 st Sample)	Quarantine (2 nd Sample)
Contact Tracing (Active Case)	Contact Tracing (1 st Sample)	Contact Tracing (2 nd Sample)	Travel (Medical)	Travel (Non-Medical)	Confirmatory PCR	Other:

*Name(s): _____

*Surname: _____

*ID / Passport No.: _____

*Date of Birth: _____

*Age: _____ Gender: _____

*Nationality: _____

*Residential Address: _____

*Email Address: _____ *Cell No.: _____

Dr / Facility Name: _____

Email Address: _____ Contact No.: _____

Next of Kin:

Name: _____ Relationship: _____ Cell No.: _____

*Symptomatic: YES NO *Date of Symptom onset: _____

Fever (≥38°C)	Sore Throat	Diarrhoea	Loss of Smell	Chills
Cough	Shortness of Breath	Myalgia / Body Pains	Vomiting	

Physical Contact with Known COVID-19 Case? YES NO Name: _____

Have you been Vaccinated? YES NO If yes, When? _____

Name of Vaccine?	AstraZeneca	Sinopharm	Johnson & Johnson	Pfizer	Moderna	Specify:
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How many Doses of the Vaccine have you received? 1 2 3 4

Co- morbidities:	Obesity	Tuberculosis	Chronic Kidney Disease	Diabetes Mellitus	Cardiovascular Disease Including Hypertension	Pregnancy
	HIV	Asthma	Chronic Liver Disease	COPD / Chronic Pulmonary Disease	COPD / Chronic Pulmonary Disease	Other

Have you previously tested positive for COVID-19? YES NO

Date of Confirmation: _____

Medical Aid Name: _____ Medical Aid Plan: _____

Medical Aid Number: _____ Pre-Approval: _____

Disclaimer: I certify the above information is correct. I give specific consent for test analysis and fully understand the implications of the test. I have received adequate pre-test counselling. I indemnify Namib Laboratories against action that may be brought by this request. **Please note that Namib Laboratories shall not be liable to a patient for any loss or harm whatsoever due to technical errors of testing equipment and will take no responsibility for ANY claims of any kind or any consequential losses relating to test results falling within the aforementioned category. Subsequent tests may prove negative depending on a range of factors including but not limited to the shedding rate of the virus, immune response and sample quality. Travellers and/or seemingly healthy people testing positive for COVID-19 are presumably asymptomatic thus do we do not accept any liability for travel plans and expenses due to Covid-19 testing.** We ensure that our health measures are in line with globally recognised health and hygiene protocols and every effort has been made to offer the most accurate, results possible. Nevertheless, inadvertent errors in testing may occur. Our laboratories are not intended to be a substitute for professional medical advice, diagnosis, or treatment. **The patient hereby acknowledges that test results may have a delay due to unforeseen circumstances like technical errors or limited testing kits availability.**

*Patient / Guardian Signature: _____

This section is for the Ministry of Health and Social Services Surveillance Team

Treatment / Management:

Patient Hospitalized: YES NO UNKNOWN Admitted to ICU? YES NO UNKNOWN

Ventilation: YES NO UNKNOWN On ECMO? YES NO UNKNOWN

Transferred: YES NO Date Transferred: _____ Facility: _____

Patient Outcome:

Recovered: YES NO Date Recovered: _____ Died? YES NO Date: _____

Collected By: _____
Sample Type: _____

Date and Time: _____

NLP 5.1 SF 5
Rev. 3