

MINISTRY OF HEALTH

COVID-19 TESTING LABORATORY REGISTER

NAME OF HEALTH FACILITY:	CODE:
SUB-COUNTY / DIVISION:	•••••
HSD:	••••••
DISTRICT:	
DATE OPENED:DATE CLOSED:	



..... LEVEL:

VERSION 1 | June 2021

SOP FOR COMPLETING COVID-19 TESTING LABORATORY REGISTER

TMING: Daily or whenever a COVID-19 test is done or whenever a COVID-19 specimen is received. Eg CTU RESPONSIBILITY: Health Facility laboratory personnel or other personnel designated to complete COVID-19 register. Home b DESCRIPTION OF SECTIONS 12. PA 1 DATE & TIME OF SAMPLE COLLECTION: Write Capture the date and time when the Test is Conducted, record in the following format; DD/MM/YY, HH: MM. Image: Complete Com	MPLE COLLECTION VENUE		
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10. ADDRESS.: Re	ecimen referral		
while District, subcounty of parish and vinage as obtained from the laboratory request form.	ecord YES if specimen was referred or NO i		



e facility or from what Ward or Clinic from the referral Facility. Dation Unit, IQC – Institutional Quarantine centre, HBC – – Point of Entry, or state the ward if within the Health facility

the prioritization level between 1 and 4 as documented by requested for the test

OP for Oropharyngeal swab, NP for Nasopharyngeal swab, epending on sample sent or collected at the Laboratory

OVID-19 RDT or COVID-19 PCR as written in the Laboratory

rite the test you have performed as, AgRDT for Antigen RDT, Polymerase chain reaction, GXP for GeneXpert etc sitive, NEG for Negative and INV for Invalid test, or input actual

ate of result in the following format DD/MM/YY, HH:MM Tester eg Eilu Roggers Michael as ERM

NO if specimen was tested onsite

COVID- 19 TESTING LABORATORY REGISTER

Name of Health Unit: _____

Month: _____ Financial Year: _____

					Patient Information								
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(1
Date and time of Sample collection	Lab No.	OPD No/ IPD No.	Specimen Bar Code /LIF serial Number	Patient Name	Patient NIN/ Passport No.	Sex	Age	Patient Telephone Number	Address	Sample Collection Venue	Patient Prioritization level	Specimen type	
									District Sub County/Parish Village	e.g. POE, ISU, IQC, CTU, HBC, HF		(Nasal swab, OP,NP, Biopsy, Autopsy, Whole blood)	Te Requ
									District Sub-County/Parish Village	-			
									District Sub-County/Parish Village	-			
									District Sub-County/Parish Village District	-			
									Sub-County/Parish Village District	-			
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									Village District Sub-County/Parish	-			
									Village District Sub-County/Parish Village	-			
									District Sub-County/Parish Village	-			
									District Sub-County/Parish Village				
Total Tests Done Total Positive Test													



(14)	(15)								
	Test Results information								
Test Requested	(a) Test Type (RDT Antigen, RDT Antibody, GeneXpert, PCR)	(b) Result [Pos/Neg/INV)]	(c) Date and time of result	Initials	Was sample Referred? Yes/No				

