



MINISTRY OF HEALTH

COVID-19 TESTING LABORATORY REGISTER

NAME OF HEALTH FACILITY: **CODE:** **LEVEL:**

SUB-COUNTY / DIVISION:

HSD:

DISTRICT:

DATE OPENED: **DATE CLOSED:**

SOP FOR COMPLETING COVID-19 TESTING LABORATORY REGISTER

OBJECTIVES: To maintain records of patient’s information, tests and results of all the tests done and specimens received in the laboratory for COVID-19 Testing.

TIMING: Daily or whenever a COVID-19 test is done or whenever a COVID-19 specimen is received.

RESPONSIBILITY: Health Facility laboratory personnel or other personnel designated to complete COVID-19 register.

DESCRIPTION OF SECTIONS

1. DATE & TIME OF SAMPLE COLLECTION:

Capture the date and time when the Test is Conducted, record in the following format; DD/MM/YY, HH: MM.

2. LAB. No.:

Record the Laboratory Number assigned to the patient in the Laboratory Specimen Reception Register or the Laboratory Test Request Form.

3. OPD No/ IPD No:

Capture the OPD Number from the Laboratory Test Request Form or Capture the IPD Number from the Laboratory Test Request Form.

4. SPECIMEN BARCODE/LIF serial Number:

Attach or Record specimen barcode from the Laboratory request form, or record the serial number on the Laboratory investigation form (LIF)

5. PATIENT NAME:

Record patients Name as written in the Laboratory Request form

6. PATIENT NIN/ PASSPORT NO.

Record the patient’s National Identification Number or Passport number from the Laboratory Test Request Form.

7. SEX:

Capture the sex of the patient, Male write M & for Female Write F.

8. AGE:

Write the Age of the patient in double or triple digits eg 01, or 101

9. Patient Telephone Number:

Write the patient telephone number as obtained from the Laboratory investigation form.

10. ADDRESS.:

Write District, subcounty or parish and village as obtained from the laboratory request form.

11. SAMPLE COLLECTION VENUE

Capture where the Specimen is from within the facility or from what Ward or Clinic from the referral Facility. Eg CTU – COVID-19 treatment unit, ISU – Isolation Unit, IQC – Institutional Quarantine centre, HBC – Home based care, HF - Health Facility, POE – Point of Entry, or state the ward if within the Health facility

12. PATIENT PRIORITIZATION LEVEL:

Write the level of urgency of the test using the prioritization level between 1 and 4 as documented by the person who screened the patient and requested for the test

13. SPECIMEN TYPE:

Write the specimen type as; Nasal swab, OP for Oropharyngeal swab, NP for Nasopharyngeal swab, Biopsy, Autopsy, WB for Whole blood; depending on sample sent or collected at the Laboratory

14. TEST REQUESTED:

Record COVID-19 test requested as COVID-19 RDT or COVID-19 PCR as written in the Laboratory request form

15. TEST RESULT INFORMATION:

- a) Test Type: After performing test, write the test you have performed as, AgRDT for Antigen RDT, AbRDT for antibody RDT, PCR for Polymerase chain reaction, GXP for GeneXpert etc
- b) Result: Write result as POS for Positive, NEG for Negative and INV for Invalid test, or input actual quantity for quantitative tests
- c) Date and time of result: write the date of result in the following format DD/MM/YY, HH:MM
- d) Testers Initials: Write the Initials of Tester eg Eilu Roggers Michael as ERM

16. Specimen referral

Record YES if specimen was referred or 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)	(14)	(15)				(16)	
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 (Nasal swab, OP,NP, Biopsy, Autopsy, Whole blood)	Test Requested	Test Results information				Sample Referral	
									District Sub County/Parish Village	e.g. POE, ISU, IQC, CTU, HBC, HF	level 1, level 2, level 3, level 4			(a) Test Type (RDT Antigen, RDT Antibody, GeneXpert, PCR)	(b) Result [Pos/Neg/INV]]	(c) Date and time of result	(d) Tester's Initials	Was sample Referred? Yes/No	
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									Sub-County/Parish										
									Village										
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Total Tests Done																			
Total Positive Test																			

