



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 Referra
									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 Referre Yes/No
									District									
									Sub-County/Parish									
									Village									
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		Total Tests Done																
		Total Positive Test																

