CONFIDENTIAL DOCUMENT
INFORMATION RELATED TO THE PATIENT'S MEDICAL CONDITION

eurofins | Biomnis

Clinical Information Form

RT-PCR detection of SARS-CoV-2
SARS-CoV-2 screening of variants
SARS-CoV-2 and Influenza A/B

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PRESCRIBING CLINICIAN AND/OR REFERRING LABORATORY

PRESCRIBING CLINICIAN

First name(s): .....
Surname: .....
Name of hospital: .....
Address: .....
Post code: |_|_|_|_|_|
City: .....
Country: .....

Tel.: |_|_| |_|_| |_|_| |_|_| |_|_|

Fax: |_|_| |_|_| |_|_| |_|_| |_|_|

REFERRING LABORATORY

Surname: .....
Address: .....
Post code: |_|_|_|_|_|
City: .....
Country: .....
Department/ward: .....
The telephone and fax number of the requesting department/ ward is ESSENTIAL in order to send patient results quickly.

Tel.: |_|_| |_|_| |_|_| |_|_| |_|_| |_|_|

Fax: |_|_| |_|_| |_|_| |_|_| |_|_| |_|_|

PATIENT DETAILS

First name(s): ..... Surname: ..... Birth name: .....
Address: .....
Post code: |_|_|_|_|_| City: .....
Country: ..... Tel.: |_|_| |_|_| |_|_| |_|_| |_|_|
Date of birth: |_|_| |_|_| |_|_|_|_| Gender: ☐ F ☐ M

SAMPLE TYPE

Date of sampling : |_|_| |_|_| |_|_|_|_|

☐ Nasopharyngeal ☐ Saliva self-collection** ☐ Saliva** ☐ Expectoration/sputum ☐ Bronchoalveolar lavage
☐ Endotracheal aspirate ☐ Other *(specify)*: .....

*** for symptomatic patients only if nasopharyngeal unfeasible, for contact cases and asymptomatic persons within the framework of screening*

CLINICAL DETAILS

☐ Fever ☐ Respiratory signs ☐ Acute respiratory distress syndrome
☐ Influenza like illness ☐ Digestive signs ☐ Kidney failure ☐ Conjunctivitis ☐ Asymptomatic

CONTEXT

Positive sample history for SARS-CoV-2 ☐ YES ☐ NO
Co-exposed patient ☐ YES ☐ NO
Recent trip abroad (< 14 days) ☐ YES ☐ NO
If yes, please specify the country: .....
Close contact with a confirmed case ☐ YES ☐ NO
☐ For travellers, upon request of the airline/country of origin/ country of arrival or upon employer/institution request.

CLINICAL INFORMATION

Seasonal flu vaccination ☐ YES ☐ NO
Prescription of antiviral treatment ☐ YES ☐ NO
Chronic illness ☐ YES ☐ NO
If yes, please specify: ☐ Diabetes ☐ Cardiovascular disease ☐ Lung disease ☐ Immunodepression
☐ Other *(specify)*: .....

☐ Travel within 14 days prior to the sample or symptoms, or risky contact with a person who has been there
☐ United Kingdom
☐ Other *(specify)*: .....

REQUESTED ANALYSIS

☐ RT-PCR SARS-CoV-2 **(COVBM)**
☐ RT-PCR SARS-CoV-2 screening of variants **(COVS)**
☐ RT-PCR SARS-CoV-2 and Influenza A/B panel **(COVGR)**

R55-INTGB - 23 February 2021