

**Islamabad Diagnostic Centre (Pvt Ltd)**  
**Consent & Case report form for Novel Coronavirus COVID-19 WHO/NIH guidelines**

**Section 1. Patient information**

Name:.....Age.....Sex..... Contact:.....  
 Place of residence/address.....Date of visit.....  
 Type of Visit      First visit       Follow up visit       Results of previous test if done.....

CNIC # 

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**Section 2. Clinical Information.**

Symptoms:    Yes     No                       Date of onset of symptoms: .....

Date of isolation (if self-isolated)..... Date of admission in Hospital:.....

Was the patient ventilated in hospital?                      Yes       No

Has the patient visited any other healthcare facility?

While symptomatic:                       14 days prior to onset of symptoms:

Name & address of the visited facility:.....

Patient's signs and symptoms: If present mark the squares with ( ✓ )

Dry Cough	<input type="checkbox"/>	Fever	<input type="checkbox"/>	Temperature_____ F.
Breathing difficulty/shortness of breath	<input type="checkbox"/>	Tiredness	<input type="checkbox"/>	
Chest pain	<input type="checkbox"/>	Sore throat	<input type="checkbox"/>	Runny nose <input type="checkbox"/>
Body aches	<input type="checkbox"/>	Loss of smell	<input type="checkbox"/>	Loss of taste <input type="checkbox"/>

Others if any (get details)

Underlying conditions/Comorbidities:

Diabetes:	<input type="checkbox"/>	Cardio-vascular	<input type="checkbox"/>	Asthma <input type="checkbox"/>
CKD	<input type="checkbox"/>	Others (specify)		

**Section 3: Exposure and travel information**

Occupation:.....

Location(City/country):.....

Travel history during 14 days prior to onset of symptoms:.....

Has the patient returned from abroad recently:                      Yes                       No   
 If yes the name of the country:.....                      Date of return:.....

Has the patient been in contact with a suspected or confirmed case of COVID-19:                      Yes                       No

Has the patient had any direct or indirect contact with animals:                      Yes                       No

If yes, the animal species: .....

#### **Section 4: Procedure guidelines**

- According to WHO the diagnostic method for SARS-CoV2 (corona virus) is Real Time PCR carried out on patient's Nasopharygeal/ Oropharyngeal/ Sputum/ Bronchial washings.
- According to American Medical Association, Nasal Swab will detect 2/3(63%) cases while Oropharyngeal swabs will detect only 1/3rd of the cases.
- More over accuracy of test depends on quality of swab collected. A single negative result doesn't rule out possibility of coronavirus infection if symptoms persist. A repeat test after 24-48 hours would be required for confirmation

#### **Section 5: Patient information and consent**

- I \_\_\_\_\_ confirm that data provided above is correct to the best of my knowledge.
- That I have completely understood procedure guidelines provided in Section.4 and I understand the limitation of the procedure as mentioned above and also it is a notify able disease.
- That I will cooperate with Islamabad Diagnostic Centre (Pvt Ltd) for the test to the best of my ability.

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Patient Name and Signature