ARTIC PC Throat Swab Sample requisition form

Throat Swab Sample

Practice Name……

GP/Nurse Name……..

Recruit Name …….

Patient ID please use label

DATE OF BIRTH

d d m m y y y y

COLLECTION DATE

d d m m y y y y

COLLECTIONTIME

h h : m m

Please tick the relevant box(es)

	Yes	No
Throat swab	◯	◯

INSTRUCTIONS

Please collect 2 throat swabs from patient, if they have consented to storage, if not only the green topped container

After each collection put the samples in the box addressed to Public Health England

Sample Requisition Form (External ie this form) post this with samples in the box addressed to Public Health England.

Please make sure that the Sample Requisition Form is filled in completely and legibly. If an error is made, cross out the mistake, write the correct information and initial and date the change.