BC Centre for Disease Control
Provincial Health Services Authority

COVID-19
Self-Collected Sample Requisition

This form is **CONFIDENTIAL when completed**

If living in a work camp, complete the following:

Company Name	Camp Location	Camp supervisor phone number

SECTION 1 – PATIENT INFORMATION

Patient Surname	Patient First and Middle Name		
Personal Health Number (PHN)	Date of Birth (YYYY/MMM/DD)		
Gender ☐ Male ☐ Female ☐ Identify in another way	Priority Group Code (circle one) TREEPL (tree planter) CGT (communal living/camps) CMM (Community/non-camp setting)		
Address	City	Province	Postal Code
Phone	Email		

SECTION 2 – HEALTHCARE PROVIDER INFORMATION

Ordering Clinician	Clinician billing number (MSP)	
Address	City	Postal Code
Additional Copies to: (address/MSP#) Dr. Linda Hoang (27513)		

SECTION 3 – SAMPLE COLLECTION INFORMATION

Collection Date (YYYY/MMM/DD) and Time

Test Requested

COVID-19 NAT

2 self-collected specimens:
- **Saline gargle**
- **Throat & Nares (nose) swabs**

Date of Symptom onset (YYYY/MMM/DD):________________

Symptoms, check those that apply:

Fever ☐ 37 – 38°C ☐ >38°C

- ☐ Cough
- ☐ Shortness of breath
- ☐ Sore throat
- ☐ Diarrhea
- ☐ Fatigue
- ☐ Chills
- ☐ Myalgia (muscle aches or pain)
- ☐ Phlegm production
- ☐ Anosmia (loss of sense of smell)
- ☐ Conjunctivitis (redness of the eye)
- ☐ Headache
- ☐ Other: ____________________

NOTE: *Self-collected sampling for COVID-19 virus has not been fully validated.*