MINISTRY OF HEALTH & WELLNESS

NATIONAL LABORATORY SERVICES COVID-19 TEST LINE
LISTING REQUEST/RESULTS
FOR SURVEILLANCE PURPOSES

DATE:

PARISH:

CONTACT NUMBER:

FOR NPHL USE ONLY

No.	Last Name	First Name	Patient Address	AGE	SEX	Care Site	Doctor	Clinical Hx	Classification (e.g. ILI, ALRTI, Day 14 sample, Pre-Op, Contact of confirmed case, etc.)	Date Collected	Date Rec'd by NPHL	Signature of NPHL Staff
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												