

## COVID-19 Convalescent Submission Request Form - FAO Ezra Linley/Simon Tonge

Please write clearly in dark ink, do not use abbreviations and **COMPLETE ALL SECTIONS.**

GP Information (can use GP stamp)	
Practice Code:	
<b>Practice Name:</b>	

Patient Information (can apply patient sticker)	
Last Name:	First Name:
DOB:	Sex:
<b>NHS No:</b>	
Patient's ethnic group (please tick)	
<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Mixed <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Prefer not to say	

Clinical Information – please try to be as specific as possible	
Date of COVID-19 symptom onset:	
Date of COVID-19 PCR (swab) test:	
Severity: Has this patient required an overnight hospital stay for COVID-19?	Yes / No If yes, how many nights?

Sample Information					
Date of sample collection:					
Time point: (Please circle visit no.)	Visit one (3-6 weeks)	Visit two (12 weeks)	Visit three (20 weeks)	Visit four (9 months)	Visit five (12 months)

### Instructions to person taking blood:

1. Please take approximately 10ml of blood using the enclosed serum bottle.
2. Please write the **patient name, date of birth, NHS number on the serum bottle or use patient label.**
3. Place the serum bottle inside the green topped hard plastic secondary tube (stopper end outwards).
4. Place the tube in the cardboard box **with this form.**
5. Please post the box using the prepaid plastic envelope on the same day of collection.
6. Please **code** in patient's CMR

**Save sample for serum serology (SNOMED CT ID: 509571000000108)**

Or if not available:

- SNOMED CT (EMIS) Sample serology (procedure)
- (EMIS) Test request: sample serology (with Description ID 1864331000006113)
- CTv3 (TPP) 43L. Sample serology
- Read 2 (Others) 43L. Sample serology