Patient Investigating Form for Influenza

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| --- | --- | --- |
| 01. | Patient Name |  |
| 02. | Father’s Name |  |
| 03. | Age |  |
| 04. | CNIC |  |
| 05. | Contact Number |  |
| 06. | Referring Physician |  |
| 07. | Address |  |

Referred test: RT-PCR

History:

Comments:

**SOP to be followed:**

1. Take Nasal/oral swab in VTM tube.
2. Clearly label the tube with a permanent marker.
3. Complete the case investigation form.
4. Pack the tube in proper packaging.
5. Write the address on the packaging.
6. Surgical mask and gloves are recommended for all procedure.

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Molecular Biology Lab

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