**Formularul de însoțire a probei recoltate de la cazul SUSPECT / CONFIRMAT COVID-19**

**sau de la alte categorii de persoane**

**Tip investigatie solicitata detectie SARS-CoV-2 prin RT-PCR**

**Solicitant probă** (DSP/ spital/ laborator/ SAJ, SABIF) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Catre laboratorul \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cod caz**: | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | (abreviere judet/nr.caz/anul ex. AB/100/2020)

**Proba la cerere** □ **Proba conform metodologiei INSP** □

**Nume**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prenume: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adresa de rezidenta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CNP**: | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ |

**Varsta**: \_\_\_\_\_\_\_\_\_\_

**Nr. telefon mobil**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adresa e-mail**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal medico-sanitar:**

· Medic

· Asistent

· Ambulantier

· Infirmier

· Altele

**Data recoltarii probei**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tipul probei prelevate**:

• exsudat nazal / exsudat faringian

• aspirat traheo-bronsic

• fragmente necroptice de pulmon

**Data trimiterii probei catre laborator**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECOLTAT / INTOCMIT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**