

MERS-CoV Testing

Public Health Laboratory, Regional Medical Sciences Center 12/1 Trang

Moo 4, Trang-Palean Rd., Ban Khuan, Muang, Trang, 92000

Tel. 667-5501050 ext. 122, 124 Fax. 667-5501056

Patient Name (Mr./Ms./Mrs.).....Gender ☐ Male ☐ Female Age..... (Years)..... (Months)

Address :Number.....Lane.....Road.....Village No

Sub-District/ Sub Area.....District.....Province.....

Date of illness onsetHospital name HN

Date of admittedOccupation Doctor

Telephone No..... E-mail

History risk and Travel of Patient

1. Live or travel from endermic area 7 days before illness [] No [] Yes

2. Contact case with family or coworkers suspected illness with Flu or Pneumonia 1 week
before illness [] No [] Yes

Symptom :

☐ Feverday Temp.°C ☐ Myagia ☐ Headaches☐ Cough ☐ Sore throat ☐ Mucus ☐ Weakness☐ Sputum ☐ dyspnea ☐ Pneumonia ☐ Bronchitis☐ ComplicationsInfluenza rapid test ☐ Negative ☐ Positive ☐ Flu A ☐ Flu B

Doctor Diagnostic

Specimens ☐ Throat swab Date of collection☐ Nasopharyngeal swab Date of collection.....☐ Nasopharyngeal aspirate Date of collection☐ Nasal swab Date of collection☐ Suction fluid Date of collection☐ Sputum Date of collection☐ Other Date of collection

Specimens delivers: NameDate.....Telephone No.....