Patient Information

Patient ID *

Patient ID

Patient Name *

Patient Name

Gender *

Select Gender

Age in * Years Months Days

Age in Years | Years

Mobile *

Contact Number

Mobile Number Belongs To *

Select to Whom Mobile Number Belongs To

Email

Email

Nationality *

India

Patient Aadhaar Number

Aadhaar Number

State of Residence *

Select State/UT

Patient's Village/Town/Locality

Patient's Village/Town/Locality

District of Residence *

Select District

Patient Category *

- **Cat 1:** Symptomatic international travelers in last 14 days
- **Cat 2:** Symptomatic contact of lab confirmed case
- **Cat 3:** Symptomatic Healthcare worker / Frontline workers
- **Cat 4:** Hospitalized SARI patient
- **Cat 5a:** Asymptomatic direct and high risk contact of confirmed case - family member
- **Cat 5b:** Asymptomatic healthcare worker in contact with confirmed case without adequate protection
- **Cat 6:** Symptomatic Influenza Like

Patient Address *

Address

Patient Pincode

Patient Pincode

Aarogya Setu App Downloaded? *

Select Any One

Date of Arrival in India

Date of Arrival in India

Was the patient quarantined? *

Select Any One

Illness(ILI) patient in Hospital

- **Cat 7:** Pregnant woman in/near labour
- **Cat 8:** Symptomatic (ILI) amongh returnees and migrants (within 7 days of illness)
- **Cat 9:** Symptomatic Influenza Like Illness(ILI) patient in Hotspot / Containment zones
- **Others**

Patient Category (Please specify if Other is selected)

Enter Patient Category if the patient doesn't be

Clinical Data

Date and Time of Sample Collection *

Date and Time of Sample Collection

Date and Time of Sample Received *

Date and Time of Sample Received

Type of Sample *

Select Sample Type

Sample ID *

Sample ID of Specimen

Symptoms Status

Select Status

Date of onset of Symptoms

Date of onset of Symptoms

Underlying Medical Condition

- Chronic Lung Disease
- Chronic Renal Disease
- Diabete
- Chronic Liver Disease
- Heart Disease
- Malignanc
- Hypertension
- Immunocompromised Condition
- Other

Symptoms

- Fever
- Cough
- Diarrhoea
- Abdomir Pain
- Breathlessnesss
- Nausea
- Vomiting
- Sore Throat
- Body Ach
- Nasal Discharge
- Haemoptsis
- Chest Pain
- Sputum

Other Underlying Medical Conditions(If not mentioned above)

Other Underlying Medical Conditions

Is Patient Hospitalized? *

Select Any One

Other Underlying Medical Conditions

Date and Time of Sample Tested *

Date and Time of Sample Tested

Final Result of SARS-CoV2(COVID19) for this Sample

*

Select Final Result

Submit

Testing Kit Used *

Select Testing Kit

Is it a Repeat Sample? *

No

* Mandatory fields.

You will be logged out for inactivity.