

**Referrals for laboratory testing of the person,**

**wishing to interrupt observation, self-isolation in connection with crossing the state border (who came from the state or is a citizen (subject) of the state with a significant spread of COVID-19) or entry points into the temporarily occupied territories in Donetsk and Luhansk regions, Autonomous Republic of Crimea and the city of Sevastopol and departure from them**

Information on the request for laboratory testing			
Name of the institution (hospital, laboratory or other institution) sending the sample *		Air ticket office №7 Kharkiv airport	
Address		Romashkina Street, 1, Kharkiv	
Phone number		+380639059991	
Patient information			
Name		Surname	
Patient's number		Date of birth	Age:
Address		Sex	<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> Unknown
The phone number specified in the mobile application «Дій вдома»			
Sample information			
Type	<ul style="list-style-type: none"> <li>• Naso- or oropharyngeal smear <input type="checkbox"/> Bronchoalveolar lavage <input type="checkbox"/> Endotracheal aspirate <input type="checkbox"/> Nasopharyngeal aspirate</li> <li><input type="checkbox"/> Nasal lavage <input type="checkbox"/> Sputum <input type="checkbox"/> Pulmonary tissue <input type="checkbox"/> Serum <input type="checkbox"/> Whole blood <input type="checkbox"/> Urine <input type="checkbox"/> Fecal masses</li> </ul>		
Date of collection		Collection time	
Clinical data			
Has the patient been in countries with local transmission of the virus <sup>3</sup> SARS-CoV-2?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Country _____ Return date _____
Has the patient been in contact with a confirmed case?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Name of the institution, laboratory that conducted the study		TOB «МІІ МТМ», Kharkiv	
The result of the study on COVID-19		<input type="checkbox"/> Positive <input type="checkbox"/> Questionable <input type="checkbox"/> Negative	
Date of receipt of the research result			
Research method		<input type="checkbox"/> PCR	
Commercial name of the test system for detection, manufacturer		A set of reagents for the detection of RNA of coronaviruses SARS-CoV-2 and similar SARS-CoV by RT-PCR in real time (SARS-CoV-2 / SARS-CoV) (DNA technology, Russia.)	
Name of the equipment on which the study was conducted		CFX-96 (USA), DT-96 (Russia)	
Additional comments			
Crossing the state border of Ukraine or entry-exit checkpoint in the temporarily occupied territories in Donetsk and Luhansk regions, the Autonomous Republic of Crimea and the city of Sevastopol			
Date of crossing the state border or checkpoint of entry - exit to the temporarily occupied territories in Donetsk and Luhansk regions, the Autonomous Republic of Crimea and the city of Sevastopol			
Consent to the transfer of information to stop self-isolation / observation and termination of location control using the mobile application «Дій вдома»		Name _____ Date _____ Signature of the person _____	