**Laboratory Testing Results**

*[Check one:]*

**\_\_\_ Case-Patient MOH Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ Contact-Case MOH Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Collection date (DD/MM/YYYY)** | **Location of Test** | **Test Performed** | **Test date (DD/MM/YYYY)** | **Results** | **Lab Case ID** |
| \_ \_ / \_ \_ / \_ \_ \_ \_ |  Lab 1 (0) Lab 2 (1) Lab 3 (2) Lab 4 (3) Lab 5 (4) Other (9) |  Whole blood (0) Swab (1) Serum (2) Post-mortem heart blood (3) Other (9) | \_ \_ / \_ \_ / \_ \_ \_ \_ |  Not Case (0) Confirmed Acute (1) Confirmed Convalescent (2) Indeterminate (3) Needs follow-up sample (4) | Cycle threshold-1 (Ct)*[ENTER 99 IF MISSING]* | Cycle threshold-2 (Ct)*[ENTER 99 IF MISSING]* |  |
| \_ \_ / \_ \_ / \_ \_ \_ \_ |  Lab 1 (0) Lab 2 (1) Lab 3 (2) Lab 4 (3) Lab 5 (4) Other (9) |  Whole blood (0) Swab (1) Serum (2) Post-mortem heart blood (3) Other (9) | \_ \_ / \_ \_ / \_ \_ \_ \_ |  Not Case (0) Confirmed Acute (1) Confirmed Convalescent (2) Indeterminate (3) Needs follow-up sample (4) | Cycle threshold-1 (Ct)*[ENTER 99 IF MISSING]* | Cycle threshold-2 (Ct)*[ENTER 99 IF MISSING]* |  |

**Notes:**

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).