

NASOPHARYNGEAL SWAB PATIENT INFORMATION FORM

To be completed prior to collecting the specimen

TODAY'S DATE: _____

PATIENT'S NAME: _____

DATE OF BIRTH: _____

PHYSICIAN: _____

Does the patient have a nasal obstruction or deviated septum? If yes, do not insert the swab into that nare.

Has the patient had recent nasal trauma within the last 14 days? If yes, the physician should be notified of the trauma and asked for an alternative order.

Is the patient on anticoagulant therapy (including Aspirin, Coumadin, Plavix and Xarelto)? The ordering physician should be contacted to confirm the swab should be completed for a patient on anticoagulant therapy.

If the patient answered yes to any pre-procedural question, document your follow-up below:

FORM COMPLETED BY: _____ LOCATION: _____

PLEASE SCAN FORM INTO MEDIA MANAGER WHEN COMPLETED