**Annex C: Pro-forma template - Staff to be tested for COVID19**

Department/Directorate & Name of Person Approving Request:

Date:

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| --- | --- | --- | --- | --- |
| Full Name, Telephone No & Email (& address with postcode if home testing request) **D.O.B** **or**  **CHI number** | Employer & Job Title | Date of onset of Symptoms | Symptomatic Staff Member (SM) or single symptomatic Household Member (HM) | Staff Testing Appointment |
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**Case definition for testing SYMPTOMATIC staff** or **SYMPOMATIC MEMBER of a staff member’s HOUSEHOLD: new fever, new, continuous cough, OR loss of / change in sense of smell or taste**

**Samples should be taken as quickly as possible within 5 days of symptom onset. The rationale for testing only within 5 days is that beyond this test results are difficult to interpret and may be of limited benefit in assisting the decision to return to work earlier that isolation timeframes.**

To be returned to:- fife.nhsfifecovid19stafftesting@nhs.scot