



BIOSENSORS MEDICAL DIAGNOSTICS LTD

Office Address: No. 24 Blantyre street, opposite Barcelona Hotel Wuse 2 Abuja.
 Sample Collection Center: UJAT Towers, No. 2 Sokode Street, beside Young Shall Grow Motors,
 Zone 5, Wuse – Abuja
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BIOSENSORS COVID-19 TEST CASE INVESTIGATION FORM

Please Kindly Ensure That All Fields Are Filled Legibly And Correctly

1. Case identifier information (TICK AS APPROPRIATE)	
Have you tested before? Y/N	Epid no.:
Name(s)	
Gender/Date of Birth (dd/mm/yyyy)	
Phone (Mobile) Number	
Email	
Residential Address/State/LGA/Ward	
Passport No.	
Country of Residence	
Sampling Date	
Travel Destination/Date of travel	
Doctor/Referring Organization	
Emergency contact no./Next of kin in Nigeria	
2. Patient symptoms (from disease onset) Last 21 days (Fever, Cough, Sneezing, Cold/Flu, Breathing difficulty, feeling unwell)	
Any symptoms Y/N Unknown.	
Date of first symptoms onset (dd/mm/yyyy)	
Describe symptoms e.g Fever (
3. Human exposures in the 14 to 21 days before illness onset	
Have you travelled in the last 14 to 21 days?	Domestically..... Internationally... Unknown Dates of Travel (dd/mm/yyyy)..... State/Country:..... City(ies) visited.....
Have you had contact with anyone with confirmed or probable Covid-19 infection	Relationship:
Have you taken any Medication in last 24hours?	<i>Please tick: Paracetamol? Ibuprofen? Pain Medicine? Antibiotics? Cold/Flu Medicine?</i>
Attended festival or mass gathering?	Dates of festival (dd/mm/yyyy) Event name _____
Destination in Nigeria for next 21days upon arrival?	Please enter address:
Our Bank Details:	
Account Name: Biosensors Medical Diagnostics. No.:0012421245	Bank: Sterling Bank PLC. Account