


|  Centre for Respiratory Diseases and Meningitis Specimen Submission form | | | |
|---|--|---|----------|
| Patient Information | | Submitter Information (contact person for results) | |
| Identifier or Hospital no | | Surname | |
| Surname | | First name | |
| First name | | Facility name | |
| Age/Date of birth | | City, Country | |
| Gender | | Contact number (country code) + () | |
| Date of symptom onset | dd-mm-yyyy | Email address | |
| Specimen Details | | | |
| Specimen collection date: | dd-mm-yyyy | | |
| Specimen type: | <input type="checkbox"/> Nasopharyngeal (NP) swab <input type="checkbox"/> Nasopharyngeal (NP) aspirate <input type="checkbox"/> Nasal swab <input type="checkbox"/> Oropharyngeal (OP) swab <input type="checkbox"/> Bronchoalveolar lavage (BAL) <input type="checkbox"/> Sputum <input type="checkbox"/> Combined NP/OP swab <input type="checkbox"/> Pleural fluid <input type="checkbox"/> CSF <input type="checkbox"/> Tracheal aspirate (TA) <input type="checkbox"/> Blood culture <input type="checkbox"/> Serum <input type="checkbox"/> Whole blood <input type="checkbox"/> Other, specify: | | |
| Laboratory Test Details (please consult with CRDM if testing other than influenza, RSV or <i>B. pertussis</i> is required) | | | |
| Tests requested: | <input type="checkbox"/> Avian influenza <input type="checkbox"/> Influenza / RSV <input type="checkbox"/> MERS-CoV <input type="checkbox"/> Neonatal sepsis* <input type="checkbox"/> <i>Bordetella pertussis</i> <input type="checkbox"/> <i>Legionella</i> spp. <input type="checkbox"/> Atypical pneumonia* <input type="checkbox"/> Bacterial meningitis* * Refer to page 2 for test panel details <input type="checkbox"/> <i>C. diphtheriae</i> <input type="checkbox"/> Respiratory panel (bacterial & viral)* <input type="checkbox"/> Viral meningitis <input type="checkbox"/> Group A streptococcus <input type="checkbox"/> Community-acquired pneumonia (bacteria)* <input type="checkbox"/> Other, specify: <input type="checkbox"/> Group B streptococcus <input type="checkbox"/> Hospital-acquired pneumonia (bacteria)* | | |
| Clinical Presentation and Outcome | | | |
| Clinical diagnosis: | <input type="checkbox"/> Acute rheumatic fever <input type="checkbox"/> Meningococcal disease <input type="checkbox"/> Lower respiratory tract infection <input type="checkbox"/> Diphtheria <input type="checkbox"/> Influenza-like illness <input type="checkbox"/> Upper respiratory tract infection <input type="checkbox"/> Pertussis <input type="checkbox"/> Meningitis <input type="checkbox"/> Other, specify: _____ | | |
| Symptoms: | <input type="checkbox"/> Fever ($\geq 38^{\circ}\text{C}$) <input type="checkbox"/> Sore Throat <input type="checkbox"/> Cough <input type="checkbox"/> Headache <input type="checkbox"/> Stiff neck <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Paroxysmal cough/inspiratory whoop <input type="checkbox"/> Apnoea <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> None | | |
| Underlying Risk Factors: | <input type="checkbox"/> Asthma <input type="checkbox"/> Chronic Lung Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> HIV <input type="checkbox"/> Pregnancy <input type="checkbox"/> TB <input type="checkbox"/> Heart Disease <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> None | | |
| Hospitalisation: | <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient— not admitted ICU <input type="checkbox"/> Inpatient— admitted to ICU <input type="checkbox"/> Unknown | | Outcome: |
| | | <input type="checkbox"/> Still hospitalised <input type="checkbox"/> Survived <input type="checkbox"/> Died <input type="checkbox"/> Unknown | |
| Exposure History | | | |
| Did the patient travel in the 14 days prior to symptom onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| Area/Country travelled to: | Date of travel <u>to</u> this area | Date of travel <u>from</u> this area | |
| 1. | dd-mm-yyyy | dd-mm-yyyy | |
| 2. | | | |
| Did the patient have animal contact in the 14 days prior to symptom onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| Animal type | Date of exposure | Exposure type | |
| <input type="checkbox"/> Swine <input type="checkbox"/> Wildbirds <input type="checkbox"/> Poultry (eg. chickens, ostrich, ducks) <input type="checkbox"/> Other, specify: _____ | dd-mm-yyyy | | |
| Tel: +27 (0)11 555 0315 0317 NICD Hotline: 082 883 9920 Email: lindad@nicd.ac.za/orienkah@nicd.ac.za Please attach any relevant information | | | |

CRDM PCR Diagnostic Test Panels:

| Test name: | Pathogens: |
|------------------------------|---|
| Respiratory panel | <p><i>Viruses:</i></p> <p>Influenza A, influenza B, influenza C, rhinovirus, human coronavirus, parainfluenza virus, human bocavirus, human metapneumovirus, enterovirus, adenovirus, parechovirus, respiratory syncytial virus (RSV)</p> <p><i>Bacteria:</i></p> <p><i>Mycoplasma pneumoniae, Chlamydia pneumoniae, Haemophilus influenzae, Haemophilus influenzae type B, Staphylococcus aureus, Klebsiella pneumoniae, Legionella spp., Salmonella, Bordetella pertussis, Moraxella catarrhalis</i></p> <p><i>Fungi:</i></p> <p><i>Pneumocystis jiroveci</i></p> |
| Community-acquired pneumonia | <i>Streptococcus pneumoniae, Staphylococcus aureus, Haemophilus influenzae, Moraxella catarrhalis</i> |
| Hospital-acquired pneumonia | <i>Klebsiella pneumoniae, Pseudomonas aeruginosa</i> |
| Atypical pneumonia | <i>Mycoplasma pneumoniae, Chlamydia pneumoniae, Legionella spp.</i> |
| Neonatal sepsis | Group B streptococcus, <i>Listeria monocytogenes, Staphylococcus aureus, Chlamydia trachomatis, Ureaplasma urealyticum/parvum, cytomegalovirus</i> |
| Bacterial meningitis | <i>Streptococcus pneumoniae, Neisseria meningitidis, Haemophilus influenzae</i> |
| Viral meningitis | Adenovirus, cytomegalovirus, epstein barr virus, herpes simplex virus 1, herpes simplex virus 2, varicella zoster virus, enterovirus, parechovirus, human herpesvirus 6, human herpesvirus 7, parvovirus B19, mumps virus |