

 NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES <small>Division in the National Health Laboratory Service</small>		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	
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 (requires consultation with CRDM if other than influenza, RSV or <i>B. pertussis</i>)			
Tests requested:	<input type="checkbox"/> Avian influenza <input type="checkbox"/> Influenza / RSV / SARS-CoV-2 <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> <i>Bordetella pertussis</i> <input type="checkbox"/> Meningitis panel <input type="checkbox"/> Diphtheria <input type="checkbox"/> Respiratory panel <input type="checkbox"/> Group A strep <input type="checkbox"/> Pneumonia Panel <input type="checkbox"/> Group B strep <input type="checkbox"/> MERS-CoV		
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			
Place of origin	Date of departure	Destination	Date of arrival
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: <input type="checkbox"/> Swine <input type="checkbox"/> Wildbirds <input type="checkbox"/> Poultry (eg. chickens, ostrich, ducks) <input type="checkbox"/> Other, specify: _____		Date of exposure: dd-mm-yyyy	Exposure type:
Tel: +27 (0)11 555 0315 0317 NICD Hotline: 0800212552 Email: LindaD@nicd.ac.za/NoluthandoD@nicd.ac.za Please attach any relevant information			

CRDM PCR Diagnostic Test Panels:

Test name:	Pathogens:
Respiratory panel	<p><i>Viruses:</i></p> <p>Adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus NL63, coronavirus OC43, middle east respiratory syndrome coronavirus (MERS-CoV), severe acute respiratory syndrome coronavirus 2 (SARS-CoV2), human metapneumovirus, human rhinovirus/enterovirus, influenza A, influenza B, parainfluenza virus 1, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, respiratory syncytial virus (RSV)</p> <p><i>Bacteria:</i></p> <p><i>Mycoplasma pneumoniae, Chlamydia pneumoniae, Bordetella pertussis (ptxP), Bordetella parapertussis (IS1001)</i></p>
Meningitis panel	<p><i>Viruses:</i></p> <p>Cytomegalovirus, enterovirus, herpes simplex virus 1, herpes simplex virus 2, human herpesvirus 6, human parechovirus, varicella zoster virus.</p> <p><i>Bacteria:</i></p> <p><i>Escherichia coli K1, Haemophilus influenzae, Listeria monocytogenes, Neisseria meningitidis, Streptococcus agalactiae, Streptococcus pneumoniae</i></p> <p><i>Fungi:</i></p> <p><i>Cryptococcus neoformans/gattii</i></p>
Pneumonia panel	<p><i>Viruses:</i></p> <p>Adenovirus, coronavirus human metapneumovirus, human rhinovirus/enterovirus, influenza A, influenza B, middle east respiratory syndrome coronavirus (MERS-CoV), parainfluenza virus, respiratory syncytial virus (RSV)</p> <p><i>Bacteria:</i></p> <p><i>Acinetobacter calcoaceticus-baumannii complex, Enterobacter cloacae complex, Escherichia coli, Haemophilus influenzae, Klebsiella aerogenes, Klebsiella oxytoca, Klebsiella pneumoniae group, Moraxella cattarrhalis, Proteus spp., Pseudomonas aeruginosa, Serratia marcescens, Staphylococcus aureus, Streptococcus agalactiae, Streptococcus pneumoniae, Streptococcus pyogenes, Chlamydia pneumoniae, Legionella pneumophila, Mycoplasma pneumoniae.</i></p>