


CRDM unique no:

CRDM lab no:

Trak no:

Date received:

 <b>Centre for Respiratory Diseases and Meningitis</b> <b>Specimen Submission form</b>			
Patient Information		Submitter Information (contact person for results)	
Identifier or Hospital no		Surname	
Surname		First name	
First name		Laboratory	
Age/Date of birth		City, Country	
Gender		Contact number (country code)+ ( )	
Facility/Hospital		Email address	
Specimen Details			
Specimen collection date:	dd-mm-yyyy		
Specimen type:	<input type="checkbox"/> Combined NP/OP swab <input type="checkbox"/> Nasopharyngeal (NP) swab <input type="checkbox"/> Oropharyngeal (OP) swab <input type="checkbox"/> Tracheal aspirate (TA) <input type="checkbox"/> Whole blood	<input type="checkbox"/> Nasopharyngeal (NP) aspirate <input type="checkbox"/> Bronchoalveolar lavage (BAL) <input type="checkbox"/> Pleural fluid <input type="checkbox"/> Blood culture <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Nasal swab <input type="checkbox"/> Sputum <input type="checkbox"/> CSF <input type="checkbox"/> Serum
Laboratory Test Details (please consult with CRDM if testing other than influenza, RSV or B. pertussis is required)			
Tests requested:	<input type="checkbox"/> Avian influenza <input type="checkbox"/> <i>Bordetella pertussis</i> <input type="checkbox"/> <i>C. diphtheriae</i> <input type="checkbox"/> Group A streptococcus <input type="checkbox"/> Group B streptococcus	<input type="checkbox"/> Influenza / RSV <input type="checkbox"/> <i>Legionella</i> spp. <input type="checkbox"/> Respiratory panel (bacterial & viral)* <input type="checkbox"/> Community-acquired pneumonia (bacteria)* <input type="checkbox"/> Hospital-acquired pneumonia (bacteria)*	<input type="checkbox"/> MERS-CoV <input type="checkbox"/> Atypical pneumonia* <input type="checkbox"/> Neonatal sepsis* <input type="checkbox"/> Bacterial meningitis* <input type="checkbox"/> Viral meningitis* <input type="checkbox"/> SARS-CoV-2 <input type="checkbox"/> Other, specify: _____
* Refer to page 2 for test panel details			
Clinical Presentation and Outcome		Date of symptom onset: dd-mm-yyyy	
Clinical diagnosis:	<input type="checkbox"/> Acute rheumatic fever <input type="checkbox"/> Diphtheria <input type="checkbox"/> Pertussis	<input type="checkbox"/> Meningococcal disease <input type="checkbox"/> Influenza-like illness <input type="checkbox"/> Meningitis	<input type="checkbox"/> Lower respiratory tract infection <input type="checkbox"/> Upper respiratory tract infection <input type="checkbox"/> Other, specify: _____
Symptoms:	<input type="checkbox"/> Fever ( $\geq 38^{\circ}\text{C}$ ) <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Apnoea	<input type="checkbox"/> Sore Throat <input type="checkbox"/> Vomiting <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Cough <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Headache <input type="checkbox"/> Paroxysmal cough/inspiratory whoop <input type="checkbox"/> Stiff neck <input type="checkbox"/> Unknown <input type="checkbox"/> None
Underlying Risk Factors:	<input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Chronic Lung Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> HIV <input type="checkbox"/> Pregnancy <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)		dd-mm-yyyy	
Other, specify _____			
Tel: +27 (0)11 555 0315   0317 NICD Hotline: 082 883 9920 Email: lindad@nicd.ac.za/orienkah@nicd.ac.za <b>Please attach any relevant information</b>			

**CRDM PCR Diagnostic Test Panels:**

<b>Test name:</b>	<b>Pathogens:</b>
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