CRDM episode no: CRDM lab no: Trak no: Date received:

NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division in the National Health Laboratory Service

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		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:

☐ Combined NP/OP swab ☐ Nasopharyngeal (NP) aspirate ☐ Nasal swab
☐ Nasopharyngeal (NP) swab ☐ Bronchoalveolar lavage (BAL) ☐ Sputum
☐ Oropharyngeal (OP) swab ☐ Pleural fluid ☐ CSF
☐ Tracheal aspirate (TA) ☐ Blood culture ☐ Serum
☐ Whole blood ☐ Other, specify:

Laboratory Test Details (please consult with CRDM if testing other than influenza, RSV or *B. pertussis* is required)

Tests requested:

☐ Avian influenza ☐ Influenza / RSV ☐ MERS-CoV ☐ Neonatal sepsis*
☐ *Bordetella pertussis* ☐ *Legionella* spp. ☐ Atypical pneumonia* ☐ Bacterial meningitis*
☐ *C. diphtheriae* ☐ Respiratory panel (bacterial & viral)* ☐ Viral meningitis*
☐ Group A streptococcus ☐ Community-acquired pneumonia (bacteria)* ☐ Other, specify:
☐ Group B streptococcus ☐ Hospital-acquired pneumonia (bacteria)*

*Refer to page 2 for test panel details

Clinical Presentation and Outcome

Date of symptom onset: dd-mm-yyyy

Clinical diagnosis:

☐ Acute rheumatic fever ☐ Meningococcal disease ☐ Lower respiratory tract infection
☐ Diphtheria ☐ Influenza-like illness ☐ Upper respiratory tract infection
☐ Pertussis ☐ Meningitis ☐ Other, specify: _____

Symptoms:

☐ Fever (≥38°C) ☐ Sore Throat ☐ Cough ☐ Headache ☐ Stiff neck
☐ Shortness of breath ☐ Vomiting ☐ Diarrhoea ☐ Paroxysmal cough/inspiratory whoop
☐ Apnoea ☐ Other, specify: _____ ☐ Unknown ☐ None

Underlying Risk Factors:

☐ Asthma ☐ Chronic Lung Disease ☐ Diabetes ☐ HIV ☐ Pregnancy ☐ TB
☐ Heart Disease ☐ Other, specify: _____ ☐ Unknown ☐ None

Hospitalisation:	**Outcome:**
☐ Outpatient	☐ Still hospitalised
☐ Inpatient— not admitted ICU	☐ Survived
☐ Inpatient— admitted to ICU	☐ Died
☐ Unknown	☐ Unknown

Exposure History

Did the patient travel in the 14 days prior to symptom onset? ☐ Yes ☐ No ☐ Unknown

Area/Country travelled to:	Date of travel to this area	Date of travel from this area
1.	dd-mm-yyyy	dd-mm-yyyy
2.		

Did the patient have animal contact in the 14 days prior to symptom onset? ☐ Yes ☐ No ☐ Unknown

Animal type	Date of exposure	Exposure type
☐ Swine ☐ Wildbirds ☐ Poultry (eg. chickens, ostrich, ducks) ☐ Other, specify: _____	dd-mm-yyyy	

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Please attach any relevant information

CRDM PCR Diagnostic Test Panels:

Test name:	**Pathogens:**
Respiratory panel	*Viruses:* Influenza A, influenza B, influenza C, rhinovirus, human coronavirus, parainfluenza virus, human bocavirus, human metapneumovirus, enterovirus, adenovirus, parechovirus, respiratory syncytial virus (RSV) *Bacteria:* *Mycoplasma pneumoniae, Chlamydia pneumoniae, Haemophilus influenzae, Haemophilus influenzae type B, Staphylococcus aureus, Klebsiella pneumoniae, Legionella spp., Salmonella, Bordetella pertussis, Moraxella catarrhalis* *Fungi:* *Pneumocystis jiroveci*
Community-acquired pneumonia	*Streptococcus pneumoniae, Staphylococcus aureus, Haemophilus influenzae, Moraxella catarrhalis*
Hospital-acquired pneumonia	*Klebsiella pneumoniae, Pseudomonas aeruginosa*
Atypical pneumonia	*Mycoplasma pneumoniae, Chlamydia pneumoniae, Legionella spp.*
Neonatal sepsis	Group B *streptococcus, Listeria monocytogenes*, *Staphylococcus aureus, Chlamydia trachomatics, Ureaplasma urealyticum/parvum,* cytomegalovirus
Bacterial meningitis	*Streptococcus pneumoniae, Neisseria meningitidis, Haemophilus influenzae*
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