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

health
Department: Health
REPUBLIC OF SOUTH AFRICA

CENTRE FOR RESPIRATORY DISEASES AND MENINGITIS
OUTBREAK RESPONSE, DIVISION OF PUBLIC HEALTH SURVEILLANCE AND RESPONSE

Internal use
CRDM PUI form no:____________________
CRDM unique no:_____________________

Patient under investigation (PUI) form: Request for 2019-nCoV Testing

Please note that the original case investigation forms should be sent together with the specimen collection form
Furthermore, the completed case investigation form must be scanned and emailed to ncov@nicd.ac.za as detailed below
Tel: (+27)3866392/ (+27) 3866410| Fax: (+27)11 8829979| **Hotline: 082 883 9920**| Queries / submission: ncov@nicd.ac.za

Today's date: DD/MM/YYYY **Form completed by (Name, Surname):** ____________ **Contact number(s):** ____________

Is this a: **New clinical query**☐ **Contact of a known case** ☐

If contact of a known case, provide case details:
Known case first name: ____________
Known case surname: ____________
Known case DOB: DD/MM/YYYY

Detected at point of entry? Y☐ N☐ Unkn☐ **If yes, date:** DD/MM/YYYY **Please specify the point of entry:** ____________

PATIENT DETAILS

Patient hospital number (if available): ______________________

First name: ______________ **Surname:** ______________

DOB: DD/MM/YYYY **Sex:** **Male** ☐ **Female** ☐

Residency: **SA resident** ☐ **Non-SA resident** ☐ (specify) ________

Current residential Address[1]**:** ______________________________
____
____

Patient's contact number(s): ______________________________
Please include alternative number

Please indicate occupation (tick any if apply):

Student	☐	Unemployed	☐
Working with animals	☐	Health laboratory worker	☐
Healthcare worker	☐	Facility name:__________	
Other	☐	Specify__________	

DOCTOR'S DETAILS

First name: ______________________
Surname: ______________________
Facility name: ______________________
Contact number/s: ______________________
____
____
____
Email address: ______________________
____

NEXT OF KIN CONTACT DETAILS (alternative contact details)

First name: ______________________ **Surname:** ______________________

Relationship to the patient: ______________________ **Contact number(s):** ______________________

CLINICAL PRESENTATION AND HISTORY

Date of symptom onset: DD/MM/YYYY **Date of current consultation/admission:** DD/MM/YYYY

Symptoms (tick all that apply):

Fever (≥38˚C	☐	Sore throat	☐	Myalgia/body pains	☐	
History of fever	☐	Shortness of breath	☐	General weakness	☐	
Cough	☐	Nausea/vomiting	☐	Irritability/confusion	☐	
Chills	☐	Diarrhoea	☐	Other	☐	(specify if other)__________

DIAGNOSIS

- Did the patient have clinical or radiological evidence of pneumonia Y☐ N☐
- Were chest X-rays (CXR) done: Y☐ N☐ If yes, CXR Findings: ______________________
- Did the patient have clinical or radiological evidence of acute respiratory distress syndrome (ARDS)? Y☐ N☐
- Does the patient have another diagnosis/etiology for their respiratory illness? Y☐ (specify)__________________ N☐ Unknown☐

Please refer to www.nicd.ac.za for most recent version of this document before use.

This section is a prerequisite for testing, therefore, please fill out the below section to the best of your ability.
Laboratory testing will be delayed if forms are incomplete or were filled in incorrectly.
In the 14 days before symptom onset did the patient (mark all that apply):

- Have close physical contact[2] with a **known** 2019-nCoV case? Y☐ N☐ Unkn☐
- If the patient has been in a close physical contact with a known 2019-nCoV case, please indicate contact setting:
  Healthcare setting ☐ Family setting ☐ Work place ☐ Public transport setting ☐ Other ☐ Specify:______________
- Patient is a healthcare worker (HCW) who was exposed to patients with severe acute respiratory infections, unless another aetiology has been identified to explain the clinical presentation of the HCW? Y☐ N☐ Unkn☐
- Is the patient part of a severe respiratory illness cluster of unknown aetiology that occurred within a 14-day period? Y☐ N☐ Unkn☐
- Patient has visited a health care facility (as a patient or visitor) in a country where hospital-associated 2019-nCoV infections have been reported? Y☐ N☐ Unkn☐ (If yes, complete travel section)
- Has the patient travelled to/from Wuhan City, (Hubei Province, China)[3] or area/s with evidence of sustained 2019-nCoV human-to-human transmission, or a declared outbreak? Y☐ N☐ Unkn☐ (If yes, complete travel section)

TRAVEL HISTORY

If patient traveled outside South Africa in the last 14-days, please complete section below for countries visited

Country and city or cities visited	Date of departure (travel to area)	Date of return (travel from area)
1.	DD/MM/YYYY	DD/MM/YYYY
2.	DD/MM/YYYY	DD/MM/YYYY

UNDERLYING FACTORS/CO-MORBID CONDITIONS

Asthma:	Y☐ N☐ Unkn☐	Cardiac disease:	Y☐ N☐ Unkn☐	Chronic kidney disease:	Y☐ N☐ Unkn☐	Chronic liver disease:	Y☐ N☐ Unkn☐
Chronic neurological/ neuromuscular disease	Y☐ N☐ Unkn☐	COPD/ Chronic pulmonary disease:	Y☐ N☐ Unkn☐	Diabetes:	Y☐ N☐ Unkn☐	Immuno-deficiency (excluding HIV)	Y☐ N☐ Unkn☐
HIV:	Y☐ N☐ Unkn☐	Is the patient virally suppressed?	Y☐ N☐ Unkn☐	Recent viral load:	_______________		
Obesity:	Y☐ N☐ Unkn☐	Pregnancy:	Y☐ N☐ Unkn☐	Trimester:	_______________	Tuberculosis:	Y☐ N☐ Unkn☐
Other:	Y☐ N☐ Unkn☐	(specify):	______________________				

TREATMENT/MANAGEMENT

Patient hospitalised:	Y☐ N☐ Unkn☐	Admitted to ICU:	Y☐ N☐ Unkn☐	Ventilation:	Y☐ N☐ Unkn☐	On ECMO:	Y☐ N☐ Unkn☐
Antibiotics:	Y☐ N☐ Unkn☐	if Yes, list:_________________		Tamiflu/ other antiviral drugs:	Y☐ N☐ Unkn☐		
White cell count total:	_______________	Differential neutrophils/lymphocytes%:	_______________				

Has the patient been isolated at: Home ☐ Healthcare facility ☐ Not isolated ☐ Other ☐ Specify:____________

If patient has been isolated at home or at a healthcare facility, please provide date of isolation: DD/MM/YYYY

OUTCOME

Currently hospitalised:	☐		
Discharged	☐	**Discharge date:**	DD/MM/YYYY
Transferred	☐	**Name of facility:**	______________________
Died	☐	**Date of death:**	DD/MM/YYYY
Other	☐	**(specify)**	______________________

*[1]If patient is a not a permanent resident, may you please provide their current residential address while residing in South Africa. 2*Close contact is defined as: healthcare-associated exposure, including providing direct care for nCoV patients, working with healthcare workers infected with nCoV, visiting patients or staying in the same close environment of a nCoV patient. This could also be defined as a healthcare worker working together in close proximity, sharing the same classroom environment with a nCoV patient, traveling together with nCoV patient in any kind of conveyance or living in the same household as a nCoV patient. 3 Check who website for areas/countries with reported 2019-nCoV cases https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports. Please refer to http://www.nicd.ac.za/ for most recent version of this document before use.*

Once the PUI form has been completed, please complete the contact line list provided. Completed line list/s must be scanned and emailed to ncov@nicd.ac.za