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

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

Internal use
CRDM CIF no:_____
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Case Investigation form: Request for 2019-nCoV Testing

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

Is this a: New clinical query☐ **Contact of a known case** ☐ **If contact of a known case, Known case fist name:**
Known case surname: **Known case DOB:** DD/MM/YYYY

PATIENT DETAILS	**DOCTOR'S DETAILS**
Patient hospital number (if available):	**Name:**
First name: **Surname:**	**Surname:**
DOB: DD/MM/YYYY **Gender:**	**Contact number/s:**
Residency: SA resident☐ **Non-SA resident** ☐ (specify)_____	
Current residential Address[1]:	
Patient's contact number/s:	
NEXT OF KIN CONTACT DETAILS	**Facility name:**
Relationship to the patient: **Contact number:**	**Email address:**
Date collected: DD/MM/YYYY **Date of symptom onset:** DD/MM/YYYY	
Date of consultation/admission: DD/MM/YYYY	

Symptoms (tick all that apply) : Fever (≥38˚C)☐ Cough☐ Chills☐ Sore throat☐ Shortness of breath☐ Vomiting☐ Diarrhoea☐
Myalgia/body pains☐ 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☐

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☐
- Have close physical contact[2] with an ill traveler from China[3] or other countries where 2019-nCoV is circulating or where human infections have recently occurred? Y☐ N☐ Unkn☐ **(if yes, complete section below for countries visited)**
- Patient is a healthcare worker? Y☐ N☐ Unkn☐
- Patient is a healthcare worker who was exposed to patients with severe acute respiratory infections? Y☐ N☐ Unkn☐
- Patient has visited a health care facility (as a patient or visitor) in China[3] or in other countries where 2019-nCoV is circulating or where human infections have recently occurred? Y☐ N☐ **(if yes, complete section below for countries visited)**
- Is the patient part of a severe respiratory illness cluster of unknown aetiology that occurred within a 14-day period? Y☐ N☐ Unkn☐
- Has the patient travelled to/from Wuhan, China or in countries where 2019-nCoV is known to be circulating or where human infections have recently occurred? Y☐ N☐ Unkn☐ **(if any travel outside SA in the last 14-days, please complete section below for countries visited)**

Country visited (Please specify the city travelled to)	**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	**Treatment/management**	
Asthma: Y☐ N☐ Unkn☐ Cardiac disease: Y☐ N☐ Unkn☐	Patient hospitalised: Y☐ N☐ Unkn☐ Admitted to ICU: Y☐N☐ Unkn☐	
Chronic kidney disease: Y☐ N☐ Unkn☐ Chronic liver disease: Y☐ N☐ Unkn☐	Ventilation: Y☐ N☐ Unkn☐ On ECMO: Y☐ N☐ Unkn☐	
COPD/Chronic pulmonary disease: Y☐ N☐ Unkn☐ Diabetes: Y☐ N☐ Unkn☐	Tamiflu/other antiviral drugs: Y☐ N☐ Unkn☐	
HIV: Y☐ N☐ Unkn☐ Obesity: Y☐ N☐ Unkn☐ Pregnancy: Y☐ N☐ Unkn☐	Antibiotics: Y☐ N☐ Unkn☐ if Yes, list:	
Tuberculosis: Y☐ N☐ Unkn☐ Other: Y☐ (specify): Unknown: ☐	White cell count total:	Differential neutrophils/lymphocytes%:

Type of sample: Sputum ☐ Bronchoalveolar lavage☐ Tracheal aspirate☐ Nasopharyngeal aspirate☐ Nasopharyngeal (NP)swab☐
Oropharyngeal (OP) swab☐ NP&OP swabs ☐ Serum☐ Pleural fluid☐ Other☐ (specify if other)_____

Patient outcome	Discharged☐ Discharge date: DD/MM/YYYY Currently hospitalised: ☐ 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: a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e. gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment. Currently brief interactions (walking by a person, are considered low risk and do not constitute close contact). [3] Check who website for countries with reported 2019-nCoV cases https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports