

Submission Form
for VHF Testing and Nipah Virus PCR

For NPHL use only:

Ref No: _____

Date: _____

(A) Patient's Details

Name: _____

Identification No: _____

Gender: ☐ Male ☐ Female

Nationality: _____

Date of Birth: _____

(B) Sender's Details

Doctor: _____

Ward / Clinic / Hospital: _____

Contact No: _____

Fax No: _____

(C) Specimen

Collection Date: _____

☐ EDTA Blood

☐ Whole Blood with SPS, citrate or with clot activator

☐ CSF

☐ Urine

☐ Nasal and/ or throat swabs

☐ Others: _____

(D) Clinical diagnosis:

☐ suspect VHF

☐ suspect Nipah virus infection

(E) Important note and check-list:

Specimens will **NOT** be accepted by NPHL without prior communication with MOH and NPHL.

Sender must go through the following check-list before releasing any sample to courier/ porter.

☐ Please confirm with doctor in-charge that MOH (24hr hotline: 9817 1463) has been informed of the case and the sample.

☐ Sample has been packed according to MOH Circular 24/2014

Packed by _____
(Name) (Signature) (Date)

☐ NPHL has been informed of the shipment and the estimated delivery time.

(F) Delivery address and contact persons

NPHL@NCID

National Public Health Laboratory, National Centre for Infectious Diseases

Block G, Level 13

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