

**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
16 Jalan Tan Tock Seng
Singapore 308442
Tel: 6357 7303 Fax: 6251 5829

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