MOH Surveillance Submission Form

For NPHL use only:
Ref No: _____
Date: _____

This form should only be used for laboratories and physicians to submit specimens/ isolates under MOH surveillance and investigation. It is not meant for clinical diagnostics. Please refer to MOH circular for selection criteria.

(A) PURPOSE			
☐ MOH Surveillance	☐ MOH Investigation	☐ Special test request	☐ Others: _____

(B) PATIENT'S INFORMATION		**(C) SENDER'S INFORMATION**
Name:		**Institution:**
Identification No.:		**Staff/ Designation:**
Gender: ☐ M ☐ F	**D.O.B:** DD / MM / YYYY	**Ward/ Clinic:**
Nationality:		**Contact No.:**

(D) SPECIMEN INFORMATION			
Laboratory No.:	**Specimen Type:** ***Please check*** **(☐)** ***and circle*** **(*)** ***accordingly.***		
Collected Date: DD / MM / YYYY	☐ Blood (Plain/ EDTA)*	☐ Sputum	☐ Swab (Nasal/ Throat/ Nasopharyngeal)*
	☐ DNA/ RNA*	☐ Stool	☐ Isolate, source: _____
	☐ Plasma/ Serum*	☐ Urine	☐ Others, specify: _____

(E) LAB RESULTS PERFORMED BY SENDER ***(if any)***			
Category	***Please check*** **(☐)** ***and circle*** **(*)** ***accordingly.*** ***^Please contact NPHL in advance.***		
Bacteria & Fungi:	☐ *Candida auris* ☐ *Corynebacterium diphtheriae* ☐ *Neisseria meningitidis* ☐ *Burkholderia pseudomallei/ mallei^*	☐ *Listeria monocytogenes* ☐ *Streptococcus agalactiae/ pyogenes** ☐ *Vibrio cholera/ Vibrio spp.** _____ ☐ Others, specify: _____	
MMR viruses	☐ Measles ☐ Mumps ☐ Measles A ☐ Rubella	☐ Positive (PCR / IgM)* ☐ Negative (PCR / IgM)*	☐ Clinically suspect
Respiratory viruses	Influenza viruses	☐ Influenza A Positive (PCR/ Antigen)* ☐ Influenza B Positive (PCR/ Antigen)*	*For Influenza A only:* ☐ H1N1pdm09/ H3N2* ☐ Untypable ☐ Not subtyped ☐ Others, specify: _____
	Enterovirus	☐ Positive (RV/ EV)*	
	SARS-CoV-2	☐ PCR (Positive/ Equivocal/ Invalid)* Ct value: _____	☐ ART Positive ☐ Serology Positive Test used: _____
Vector-borne viruses:	☐ Zika ☐ Dengue ☐ CHIK ☐ Others, specify: _____	☐ Positive (PCR/ IgM/ IgG / Antigen)*	
Other viruses:	☐ Hepatitis E ☐ Norovirus	☐ Positive (PCR/ IgM/ IgG)* ☐ Negative (PCR/ IgM/ IgG)*	☐ Clinically suspect
Remarks (if any):			

(F) TEST REQUEST			
Category	***Please check*** **(☐)** ***and circle*** **(*)** ***accordingly.*** ***^Please contact NPHL in advance.***		
Bacteria & Fungi	☐ *Bordetella pertussis/ parapertussis** PCR		☐ *Leptospira spp. PCR* ☐ Others, specify: _____
MMR viruses	☐ Measles PCR	☐ Mumps PCR	☐ Rubella PCR
Respiratory viruses	☐ Influenza (sub)typing PCR	☐ Enterovirus typing ☐ MERS-CoV PCR	☐ Multiplex PCR of respiratory viruses ☐ SARS-CoV-2 PCR ☐ SARS-CoV-2 Serology (Roche S/ N/ cPass)*
Vector-borne viruses	☐ CHIK virus PCR ☐ Dengue virus PCR	☐ WN virus PCR ☐ YF virus PCR	☐ JE virus PCR ☐ Zika virus PCR
Other viruses	☐ Hepatitis E virus PCR	☐ Norovirus PCR	
Other requests:	☐ Biothreat Panel^	☐ Global Fever^	☐ GI Panel^ ☐ Others, specify: _____
Remarks (if any):			

MOH Surveillance Submission Form

(G) ABBREVIATIONS	
CHIK	Chikungunya
EHEC	Enterohemorrhagic Escherichia coli
JE	Japanese Encephalitis
MERS	Middle East Respiratory Syndrome
MMR	Measles, Mumps and Rubella
SARS	Severe acute respiratory syndrome
WN	West Nile
YF	Yellow Fever

(H) Delivery address and contact information

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

For enquiries:
Laboratory Manager: Mr Roger Chua (Roger_Chua@moh.gov.sg)
Senior Principal Scientific Officer: Dr Cui Lin (Cui_Lin@moh.gov.sg)
Director, NPHL: A/Prof Raymond Lin (Raymond_LIN@moh.gov.sg)