

**Case Investigation form: Request for 2019-nCoV Testing**

**Internal use**  
CRDM CIF no: \_\_\_\_\_  
CRDM unique no: \_\_\_\_\_

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<b>Today's date:</b> DD/MM/YYYY		<b>Form completed by (Name, surname):</b>		<b>Contact number:</b>	
Is this a: New clinical query <input type="checkbox"/>		Contact of a known case <input type="checkbox"/>		If contact of a known case, Known case fist name:	
		Known case surname:		Known case DOB: DD/MM/YYYY	
<b>PATIENT DETAILS</b>			<b>DOCTOR'S DETAILS</b>		
Patient hospital number (if available):			Name:		
First name:		Surname:		Surname:	
DOB: DD/MM/YYYY		Gender:		Contact number/s:	
Residency: SA resident <input type="checkbox"/> Non-SA resident <input type="checkbox"/> (specify) _____					
Current residential Address <sup>1</sup> :					
Patient's contact number/s:					
<b>NEXT OF KIN CONTACT DETAILS</b>			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 ( $\geq 38^{\circ}\text{C}$ ) <input type="checkbox"/> Cough <input type="checkbox"/> Chills <input type="checkbox"/> Sore throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhoea <input type="checkbox"/>					
Myalgia/body pains <input type="checkbox"/> Other <input type="checkbox"/> (specify if other) _____					
<ul style="list-style-type: none"> <li>• <b>Diagnosis:</b> Did the patient have clinical or radiological evidence of pneumonia? Y <input type="checkbox"/> N <input type="checkbox"/></li> <li>• Were chest X-rays (CXR) done: Y <input type="checkbox"/> N <input type="checkbox"/> If yes, CXR Findings: _____</li> <li>• Did the patient have clinical or radiological evidence of acute respiratory distress syndrome (ARDS)? Y <input type="checkbox"/> N <input type="checkbox"/></li> <li>• Does the patient have another diagnosis/etiology for their respiratory illness? Y <input type="checkbox"/> (specify) _____ N <input type="checkbox"/> Unknown <input type="checkbox"/></li> </ul>					
<b>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.</b>					
<b>In the 14 days before symptom onset did the patient (mark all that apply):</b>					
<ul style="list-style-type: none"> <li>• Have close physical contact<sup>2</sup> with a <b>known</b> 2019-nCoV case? Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/></li> <li>• Have close physical contact<sup>2</sup> with an ill traveler from China<sup>3</sup> or other countries where 2019-nCoV is circulating or where human infections have recently occurred? Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/> (if yes, complete section below for countries visited)</li> <li>• Patient is a healthcare worker? Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/></li> <li>• Patient is a healthcare worker who was exposed to patients with severe acute respiratory infections? Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/></li> <li>• Patient has visited a health care facility (as a patient or visitor) in China<sup>3</sup> or in other countries where 2019-nCoV is circulating or where human infections have recently occurred? Y <input type="checkbox"/> N <input type="checkbox"/> (if yes, complete section below for countries visited)</li> <li>• Is the patient part of a severe respiratory illness cluster of unknown aetiology that occurred within a 14-day period? Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/></li> <li>• 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 <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/> (if any travel outside SA in the last 14-days, please complete section below for countries visited)</li> </ul>					
<b>Country visited (Please specify the city travelled to)</b>		<b>Date of departure ( travel to area)</b>		<b>Date of return (travel from area)</b>	
1.		DD/MM/YYYY		DD/MM/YYYY	
2.		DD/MM/YYYY		DD/MM/YYYY	
<b>Underlying factors/Co-morbid conditions</b>			<b>Treatment/management</b>		
Asthma: Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/> Cardiac disease: Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/>			Patient hospitalised: Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/> Admitted to ICU: Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/>		
Chronic kidney disease: Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/> Chronic liver disease: Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/>			Ventilation: Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/> On ECMO: Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/>		
COPD/Chronic pulmonary disease: Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/> Diabetes: Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/>			Tamiflu/other antiviral drugs: Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/>		
HIV: Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/> Obesity: Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/> Pregnancy: Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/>			Antibiotics: Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/> if Yes, list:		
Tuberculosis: Y <input type="checkbox"/> N <input type="checkbox"/> Unkn <input type="checkbox"/> Other: Y <input type="checkbox"/> (specify): _____ Unknown: <input type="checkbox"/>			White cell count total:		Differential neutrophils/lymphocytes%:
<b>Type of sample:</b> Sputum <input type="checkbox"/> Bronchoalveolar lavage <input type="checkbox"/> Tracheal aspirate <input type="checkbox"/> Nasopharyngeal aspirate <input type="checkbox"/> Nasopharyngeal (NP)swab <input type="checkbox"/>					
Oropharyngeal (OP) swab <input type="checkbox"/> NP&OP swabs <input type="checkbox"/> Serum <input type="checkbox"/> Pleural fluid <input type="checkbox"/> Other <input type="checkbox"/> (specify if other) _____					
<b>Patient outcome</b>		Discharged <input type="checkbox"/> Discharge date: DD/MM/YYYY Currently hospitalised: <input type="checkbox"/> Transferred <input type="checkbox"/> Name of facility _____			
		Died <input type="checkbox"/> Date of death: DD/MM/YYYY Other <input type="checkbox"/> (specify) _____			

<sup>1</sup>If patient is a not a permanent resident, may you please provide their current residential address while residing in South Africa. <sup>2</sup>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). <sup>3</sup>Check who website for countries with reported 2019-nCoV cases <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>