


CRDM unique no:

CRDM lab no:

Trak no:

Date received:

 SARS-CoV-2 (COVID-19) Specimen Submission Form Centre for Respiratory Diseases and Meningitis For SARS-CoV-2 testing only, for any other testing please use this form: http://www.nicd.ac.za/wp-content/uploads/2020/02/CRDM_specimen_submission_form_v3_14_Feb_2020_Elect.pdf			
Patient Information (REQUIRED*)		Submitter Information (Contact person for results)	
RSA ID/Passport number		Surname	
		First name	
Surname		Facility name	
First name/s			
Date of birth		Country (if SA, Province)	
Age (if no DOB)	<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days	Contact number (country code)	+ ()
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Email address	
Physical address			
Cellphone number			
Alternative contact number			
Specimen Details			
Specimen collection date:	dd-mm-yyyy		
Specimen collection time:	hh:mm		
Specimen type:	<input type="checkbox"/> Combined NP/OP swab <input type="checkbox"/> Oropharyngeal (OP) swab <input type="checkbox"/> Nasopharyngeal (NP) swab <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Nasopharyngeal (NP) aspirate <input type="checkbox"/> Broncho-alveolar lavage (BAL) <input type="checkbox"/> Tracheal aspirate (TA)	<input type="checkbox"/> Nasal swab <input type="checkbox"/> Sputum <input type="checkbox"/> Serum

*Please note that contact and address information is mandatory for the management of the patients. RSA identification number or passport number is required to allow linking of repeat specimens. Testing will be delayed for specimens submitted without this information.

Results can be accessed by registered staff via NHLS TrakCare Web result viewer using personal login details: <https://labresults.nhls.ac.za/>