

REGIONAL VIROLOGY LABORATORY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL

**NECESSARY INFORMATION REGARDING TESTING OF PATIENTS
SUSPECTED FOR COVID-19**

CRITERIA FOR TESTING

As per the guidelines provided by Government of India, the inclusion criteria should include:

A patient with acute respiratory illness {fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath)}, **AND** a history of travel to or residence in a country/area or territory reporting local transmission (See NCDC website for updated list) of COVID-19 disease during the 14 days prior to symptom onset;

OR

A patient/Health care worker with any acute respiratory illness **AND** having been in contact with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR

A patient with severe acute respiratory infection {fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath)} **AND** requiring hospitalization **AND** with no other etiology that fully explains the clinical presentation;

OR

Direct close physical contact of laboratory confirmed positive case

SAMPLES TO BE SENT

Nasopharyngeal/Oropharyngeal swabs should be sent in sterile, screw capped, spill-proof VTM vial.

TRANSPORT CONDITIONS

The sample vials should be sent in triple layered packing in 2-4⁰ C.

FORMS

Duly filled and signed Specimen Referral Form should be sent along with the sample. A copy of this form is enclosed (Annexure 1). The form is also available at http://niv.co.in/Specimen_referral_form.pdf.

LOGISTICS

The COVID-19 samples will be received only through the channel of IDSP. So the referring hospital/health care facility should contact the district IDSP, from where the samples will be

transported to “Regional Virology Laboratory, Deptt of Microbiology, Medical College Building, AIIMS Bhopal”.

METHOD OF TRANSMISSION OF REPORTS

The reports for COVID-19 testing from RVL AIIMS Bhopal will be sent to the concerned IDSPs, after necessary confirmation. The concerned IDSP may further distribute the reports to referring hospitals and undertake monitoring and contact tracing, as per guidelines.

ICMR- National Institute of Virology, Pune
Specimen Referral Form for 2019 Novel Coronavirus (2019-nCoV)

INSTRUCTIONS:											
<ul style="list-style-type: none"> Inform the local / district / state health authorities, especially surveillance officer for further guidance. Seek guidance on requirements for the clinical specimen collection and transport from nodal officer. This form may be filled in and shared with the IDSP and also ICMR-NIV nodal officer in advance. 											
PERSON DETAILS											
Name of patient:			Age:.....Years.....Month Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>								
Address:			Date of birth:/...../..... (dd/mm/yyyy)								
City:			Mobile/phone:								
State:			Email:								
EXPOSURE HISTORY (2 WEEKS BEFORE THE ONSET OF SYMPTOMS)											
Recent stay/travel in area (Wuhan, China): Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, stay/travel duration with date											
History of visit to wet/seafood market: Yes <input type="checkbox"/> No <input type="checkbox"/> From:...../...../..... to:...../...../.....											
Close contact with confirmed case Yes <input type="checkbox"/> NO <input type="checkbox"/> Close contact with animal/birds Yes / N											
Recent travel to any other country Yes <input type="checkbox"/> NO <input type="checkbox"/> Travel place:											
Health care worker working in hospital involved in managing patients YES / NO,											
Hospitalization date:/...../.....			Discharge date:/...../.....								
CLINICAL SYMPTOMS AND SIGNS											
Date of onset of symptoms:/...../.....			First symptom:								
Symptoms	Yes	No	Symptoms	Yes	No	Symptoms	Yes	No	Symptoms	Yes	No
Fever at evaluation	<input type="checkbox"/>	<input type="checkbox"/>	Cough	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>
History of fever	<input type="checkbox"/>	<input type="checkbox"/>	Breathlessness	<input type="checkbox"/>	<input type="checkbox"/>	Nausea	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Body-ache	<input type="checkbox"/>	<input type="checkbox"/>	Haemoptysis	<input type="checkbox"/>	<input type="checkbox"/>
			Sputum	<input type="checkbox"/>	<input type="checkbox"/>				Nasal discharge	<input type="checkbox"/>	<input type="checkbox"/>
Signs	Yes	No	Sign	Yes	No	Sign	Yes	No			
Wheeze	<input type="checkbox"/>	<input type="checkbox"/>	Stridor	<input type="checkbox"/>	<input type="checkbox"/>	Lower chest indrawing.	<input type="checkbox"/>	<input type="checkbox"/>			
Nasal flaring	<input type="checkbox"/>	<input type="checkbox"/>	Crepitation	<input type="checkbox"/>	<input type="checkbox"/>	Accesary muscle use	<input type="checkbox"/>	<input type="checkbox"/>			
UNDERLYING MEDICAL CONDITIONS											
Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
COPD	<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Chronic renal disease	<input type="checkbox"/>	<input type="checkbox"/>	Malignancy	<input type="checkbox"/>	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
IMMUNOCOMPROMISED CONDITION: YES / NO											
Other:											
HOSPITALIZATION, TREATMENT AND INVESTIGATION											
HOSPITALIZATION date:/...../.....			DIAGNOSIS:								
DIFFERENTIAL DIAGNOSIS:			ETIOLOGY IDENTIFIED:								
ATYPICAL PRESENTATION: YES / NO			UNUSUAL / UNEXPECTED COURSE: YES / NO								
OUTCOME: Discharge / Death /			OUTCOME date:...../...../.....								
Treatment	Yes	No	Treatment	Yes	No	Treatment	Yes	No	Treatment	Yes	No
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	Antivirals	<input type="checkbox"/>	<input type="checkbox"/>	Steroids	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	CPAP	<input type="checkbox"/>	<input type="checkbox"/>	Bronchodilators	<input type="checkbox"/>	<input type="checkbox"/>	Other:.....		
Investigation findings: Haematocrit: Hb: WBC (leukocyte count):											
Differential Leukocyte count: Lymphocytes (%): Monocytes (%): Neutrophils (%):.....											
Basophils (%): Eosinophil (%): Platelet (Thrombocyte) count: ESR:											
Investigation details: Chest X ray: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes (findings):											
Blood culture findings (If any): Other investigation details:											
SPECIMEN INFORMATION FROM REFERRING AGENCY											
Specimen type	Collection date	Label	FOR OFFICE USE ICMR-NIV →	Specimen ID	Test performed	Result					
1. BAL/ETA/_											
2. TS/NPS/NS											
3. Blood in EDTA											
4. Acute sera											
5 Convalescent sera											
Name of Doctor:			Hospital Name/address:								
Phone/mobile number:			Signature and date:								

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Specimen Referral Form for 2019 Novel Coronavirus (2019-nCoV)

Name of the patient: Age:years.....months

Note: Please ensure that the case definition should be strictly followed.
Please encircle the correct response (Yes/No)

CASE DEFINITION

1. Severe Acute Respiratory Illness (SARI), with

- history of fever YES / NO
- cough YES / NO
- requiring admission to hospital YES / NO

WITH

- no other etiology explains the clinical presentation YES / NO
(clinicians should also be alert to the possibility of atypical presentations in patients who are immunocompromised);

AND

any of the following

- A history of travel to Wuhan, Hubei Province China in the 14 days prior to symptom onset. YES / NO
- the disease occurs in a health care worker who has been working in an environment where patients with severe acute respiratory infections are being cared for, without regard to place of residence or history of travel YES / NO
- the person develops an unusual or unexpected clinical course, especially sudden deterioration despite appropriate treatment, without regard to place of residence or history of travel, even if another etiology has been identified that fully explains the clinical presentation. YES / NO

2. Individuals with acute respiratory illness of any degree of severity who, within 14 days before onset of illness, had any of the following exposures:

- close physical contact with a confirmed case of nCoV infection, while that patient was symptomatic; YES / NO
- a healthcare facility in a country where hospital associated nCoV infections have been reported; YES / NO
- direct contact with animals (if animal source is identified) in countries where the nCoV is known to be circulating in animal populations or where human infections have occurred as a result of presumed zoonotic transmission*. YES / NO

* To be added once/if animal source is identified as a source of infection

EMAIL ID OF THE HEALTH AUTHORITY (FOR SENDING THE REPORT):

Name of Doctor: Hospital Name/address:

Phone/mobile number: Signature and date: