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 CDA and NPHL.

Sender must go through the following check-list before releasing any sample to courier/ porter.

☐ **Please confirm with doctor in-charge that CDA (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

Communicable Diseases Agency
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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