NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division in the National Health Laboratory Service

health
Department: Health
REPUBLIC OF SOUTH AFRICA

Person under investigation (PUI) form for coronavirus disease 2019 (COVID-19): Request for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) testing

Internal use
Identifier: _____

CAN BE COMPLETED ONLINE AT: https://cci.nicd.ac.za/
Tel: (+27) 386 6392/ (+27) 386 6410 | Fax: (+27)11 882 9979 | **Hotline: (+27)82 883 9920 | (+27)66 562 4021**
Forward original forms with the specimen collected. Email completed specimen submission form and PUI form to ncov@nicd.ac.za

If not completed by client, form completed by:

First name: _____ **Surname:** _____ **Contact number(s):** _____

All suspected COVID-19 cases are Category 1 **notifiable medical conditions** under "Respiratory disease caused by a novel respiratory pathogen". Notify as per NMC procedures. If using NMC app provide case ID indicated on alert email.

Case ID : _____

Is this a: **New clinical query** ☐ **Contact of a known case** ☐

If contact of a known case, provide case details: **Case First name:** _____ **Case Surname:** _____ **Date of birth:** DD/MM/YYYY

PATIENT DETAILS

Patient RSA ID / Passport number _____
First name: _____ **Surname:** _____
DOB: DD/MM/YYYY **Sex:** Male ☐ Female ☐
Residency: SA resident ☐ Non-SA resident ☐ Specify country: _____
Current residential address[1]: Unit Number
Street number and Street
District and Province
Race: Asian/Indian ☐ Black ☐ Colored ☐ White ☐ Other ☐
Patient's contact number(s): _____
Patient's email address: _____
Number of children (<18 years) in the household _____ **Number of elderly (≥60 years) in the household** _____
Occupation _____ **Employer name/ school/facility** _____

DOCTOR'S DETAILS

First name: _____
Surname: _____
Facility name: _____
Contact number/s: _____
Email address: _____

NEXT OF KIN DETAILS

First name: _____
Surname: _____
Contact number(s): _____
Relationship to the patient: _____

CLINICAL PRESENTATION

Date of symptom onset: DD/MM/YYYY None (asymptomatic) Y☐ N☐ **Lab ref nr of sample** _____

Symptoms (reason for seeking care, tick all that apply):

Fever (≥38˚C)	Y☐ N☐	Sore throat	Y☐ N☐	Myalgia/body pains	Y☐ N☐		
History of fever	Y☐ N☐	Shortness of breath	Y☐ N☐	General weakness	Y☐ N☐		
Cough	Y☐ N☐	Nausea/vomiting	Y☐ N☐	Irritability/confusion	Y☐ N☐		
Chills	Y☐ N☐	Diarrhoea	Y☐ N☐	Other	Y☐ N☐	Specify_____	

TRAVEL HISTORY

If patient traveled outside South Africa in the last 14-days, please complete section below for countries visited

Plane or bus?	Air/bus line	Flight/bus number	Seat number	Departure date	Departure country	Arrival date	Arrival country
				DD/MM/YYYY		DD/MM/YYYY	
				DD/MM/YYYY		DD/MM/YYYY	
				DD/MM/YYYY		DD/MM/YYYY	
				DD/MM/YYYY		DD/MM/YYYY	
				DD/MM/YYYY		DD/MM/YYYY	

UNDERLYING FACTORS/CO-MORBID CONDITIONS

Asthma:	Y☐ N☐ Unkn☐	Cardiac disease:	Y☐ N☐ Unkn☐	Chronic kidney disease:	Y☐ N☐ Unkn☐	Chronic liver disease:	Y☐ N☐ Unkn☐
Chronic neurological/ neuromuscular disease:	Y☐ N☐ Unkn☐	COPD/ Chronic pulmonary disease:	Y☐ N☐ Unkn☐	Diabetes:	Y☐ N☐ Unkn☐	Immuno-deficiency (excluding HIV)	Y☐ N☐ Unkn☐
HIV:	Y☐ N☐ Unkn☐	Is the patient virally suppressed?	Y☐ N☐ Unkn☐	Recent viral load:		On ARVs	Y☐ N☐ Unkn☐
Obesity:	Y☐ N☐ Unkn☐	Pregnancy:	Y☐ N☐ Unkn☐	Trimester:		Tuberculosis:	Y☐ N☐ Unkn☐
Other:	Y☐ N☐ Unkn☐	Specify:					

MANAGEMENT

Has the patient been isolated at: Home ☐ Healthcare facility ☐ Not isolated ☐ Other ☐ Date of isolation: DD/MM/YYYY

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COVID-19 CONTACT LINE LIST

Complete a contact line list for every person under investigation and every confirmed Coronavirus disease 2019 (COVID-19) case. Can also be captured online at: https://cci.nicd.ac.za/

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Details of contacts (*With close contact[1] from two days prior to date of symptom onset, or during symptomatic illness.)*

	Surname	First name(s)	Sex (M/F)	Age (Y)	Relation to case[2]	Date of last contact with case	Place of last contact with case (Provide name and address)	Residential address (for next month)	Phone number(s), separate by semicolon	HCW[3] or school-going/teacher? (Y/N) *If Yes, facility/school name*
1						DD/MM/YYYY				
2						DD/MM/YYYY				
3						DD/MM/YYYY				
4						DD/MM/YYYY				
5						DD/MM/YYYY				
6						DD/MM/YYYY				
7						DD/MM/YYYY				
8						DD/MM/YYYY				
9						DD/MM/YYYY				
10						DD/MM/YYYY				
11						DD/MM/YYYY				
12						DD/MM/YYYY				

[1] *Close contact: A person having had face-to-face contact (≤2 metres) or was in a closed environment with a COVID-19 case; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated.* [2] *Chose from: Spouse, Aunt, Child, Class mate, Colleague, Cousin, Father, Friend, Grandfather, Grandmother, Healthcare worker taking care of, Mother, Nephew, Niece, Other relative, Uncle, Domestic helper, Gardener, Nanny.* [3] *Healthcare worker.*

	Surname	First name(s)	Sex (M/F)	Age (Y)	Relation to case[2]	Date of last contact with case	Place of last contact with case (Provide name and address)	Residential address (for next month)	Phone number(s), separate by semicolon	HCW[3] or school-going/teacher? (Y/N) *If Yes, facility/school name*
13						DD/MM/YYYY				
14						DD/MM/YYYY				
15						DD/MM/YYYY				
16						DD/MM/YYYY				
17						DD/MM/YYYY				
18						DD/MM/YYYY				
19						DD/MM/YYYY				
20						DD/MM/YYYY				
21						DD/MM/YYYY				
22						DD/MM/YYYY				
23						DD/MM/YYYY				
24						DD/MM/YYYY				
25						DD/MM/YYYY				
26						DD/MM/YYYY				

[1] *Close contact: A person having had face-to-face contact (≤2 metres) or was in a closed environment with a COVID-19 case; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated.* [2] *Chose from: Spouse, Aunt, Child, Class mate, Colleague, Cousin, Father, Friend, Grandfather, Grandmother, Healthcare worker taking care of, Mother, Nephew, Niece, Other relative, Uncle, Domestic helper, Gardener, Nanny.* [3] *Healthcare worker.*