


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 diagnostic testing please use this form: http://www.nicd.ac.za/wpcontent/uploads/2020/02/CRDM_specimen_submission_form_v3_14_Feb_2020_Elect.pdf			
Patient Information		Submitter Information (contact person for results)	
RSA identification number or Passport number (REQUIRED*)		Surname	
		First name	
Surname		Hospital/Practice/Facility	
First name		Laboratory	
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	
Province (Patient)			
Specimen Details			
Is this a repeat specimen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Specimen collection date:	<input type="text" value="dd-mm-yyyy"/>		
Specimen type:	<input type="checkbox"/> Combined NP/OP swab <input type="checkbox"/> Nasopharyngeal (NP) aspirate <input type="checkbox"/> Pleural fluid <input type="checkbox"/> Nasopharyngeal (NP) swab <input type="checkbox"/> Bronchoalveolar lavage (BAL) <input type="checkbox"/> Sputum <input type="checkbox"/> Oropharyngeal (OP) swab <input type="checkbox"/> Tracheal aspirate (TA) <input type="checkbox"/> Serum <input type="checkbox"/> Other, specify: _____		

*Please note that either a RSA identification number or passport number is required to allow linking of repeat specimens. Testing will be delayed for specimens submitted without this information.

Note: Please access results via TrakCare