

National Surveillance Programme Communicable Diseases Division Surveillance form (GP)

To note:

(please circle)

1. Place specimen(s) in two zip-log bags

Influenza Immunization in the past six months: Yes $\ /\$ No $\ /\$ Not Sure

 (outer bag with the biohazard logo). 2. Fax a copy to MOH at 6221 5528 or 6221 5538. 3. Send the copy to NPHL, together with specimen via courier. 4. For queries, please email moh_national_surveillance@moh.gov.sg. *Updated in July 2010 		Clinic: Date sent to Lab: Submitted for [please tick]:			
				□ Influenza	□ HFMD
				Date & Type [Specimen collected]	Patient's Label or sample unique code [Name/Unique ID, Gender and Date of Birth/Age]
		Date:		Date of onset: dd/mm/yy	Date of onset: dd/mm/yy
☐ Throat swab		* Please swab patients that fulfill ILI criteria (Fever > 38.0 °C with cough or sore throat)			
and/or		1) Symptoms	1) Symptoms [please tick]		
■ Nasal swab		Fever >38°C	☐ Fever ☐ Sore throat		
Others:		<u>WITH</u> [please tick] ☐ Cough ☐ Sore throat	☐ Mouth ulcers ☐ Rashes		
		☐ Runny nose ☐ Body ache ☐ Headache	Others:		
		2) Travel History (in the past 10 days):	2) Name of preschool/ school (if applicable):		
		Country			
		From dd/mm/yy to dd/mm/yy			

Vaccine Type (if possible):

(E.g. Northern hemisphere Influenza Virus Vaccine 2008)