Case Investigation and Specimen Collection Form for human suspected Corona virus Disease (COVID-19) (Version-3)

Patient Information

Name of Health Centre:					
Patient Name:		Age:		Sex:	
Contact Number:	CID #			Nationality:	
Residence (Present Address):			Country of Residence:		
Occupation:		Advised by:			

Clinical Information

Fever or History of fever:	☐ Yes	☐ No	If Yes, Temperature:				
Cough:	☐ Yes	☐ No		Shortness of Breath:	☐ Yes	☐ No	
Sore throat:	☐ Yes	☐ No					

Does the patient have these additional signs and symptoms (Check all that apply) ?

☐ Chills	☐ Headache	☐ Muscle aches	☐ Vomiting	☐ Abdominal pain

☐ Others (Specify):	Date of onset:			
Date of Hospitalization:	ICU Admission:	☐ Yes	☐ No	
If yes, Date of ICU Admission:	Mechanical Ventilation:	☐ Yes	☐ No	
If on Mechanical Ventilation, Date:	Hours on Ventilation:			
Date of Discharge from Hospital:	Diagnosis:			

Outcome:

Comorbid conditions (Check all that apply)

☐ None ☐ Unknown ☐ Pregnancy ☐ Diabetes ☐ Cardiac Disease ☐ Hypertension

☐ Chronic Pulmonary Disease ☐ Chronic Kidney Disease ☐ Chronic Liver Disease ☐ Immuno-compromised

Epidemiological Information

Does the patient have Travel History within 14 days before the onset of symptoms: ☐ Yes ☐ No

If yes, place visited and country:	Travel Dates: From ( ) To ( )

In the past14 days, does the patient have contact with a Suspected or Confirmed case of COVID 19 or respiratory illness ☐ Yes ☐ No

If Yes Date :

Location of Contact:	Contact with: ☐ Family Members ☐ Others

If family members, did they have any travel history before the onset of illness: ☐ Yes ☐ No

If yes, place visited and country:

Have you attended mass gathering in the last 14 days? : ☐ Yes ☐ No

If Yes, date:	Location:
In past 14 days have you visited Hospital: ☐ Yes ☐ No	If Yes, Name of Hospital:

Is the patient a health care worker: ☐ Yes ☐ No

If Yes, does the health care worker have a history of providing healthcare to the COVID 19 suspect or confirmed case: ☐ Yes ☐ No

History of contact with sick animals (e.g. birds, bats, rodents, stray cats, dogs, foxes ?

If Yes, Date:	Specify the details:

Information Collected by: Name: Designation:

Laboratory Information:			
Dzongkhag:			
Laboratory Specimen Collected:	☐ Yes ☐ No		
If Yes Specimen Number:			
Case Type:	☐ Suspect	☐ Contact	☐ Confirmed
Sample Repetition:	☐ 1st Sample ☐ 2nd Sample ☐ 3rd Sample ☐ Specify if other:_____		
Collection Site:			
1.	Flu clinic:		
2.	Home quarantine:		
3.	Facility quarantine:		
4.	Hospitilization:		
5.	Point of Entry (Holding Area):		
6.	SARI Site:		

Sl.No	**Type of Specimen**	**Date of collection**
1.	Nasal swab	
2.	Throat swab	
3.	Endotracheal aspirate	
4.	Bronchial lavage / wash	
5.	Suptum	
6.	Blood / Serum	

Information Collected by:	
Name:	Designation:
Mobile No:	