

III Virology

1 Contact information

General enquiries	2319 8247
Culture and Serology Laboratory	2319 8237 / 8239
Hepatitis Laboratory	2319 8240
Human Immunodeficiency Virus Laboratory	2319 8221
Consultant Medical Microbiologist	2319 8252
Senior Medical and Health Officer	2319 8574
Medical and Health Officer	2319 8253 / 23198406 / 23198572
Facsimile	2319 5989

2 Materials provided on request

- (a) Viral transport media (labeled as “TM”), to be kept at 4°C;
- (b) Cytomegalovirus transport media (labeled as “CMV”), to be kept at 4°C;
- (c) *Chlamydia trachomatis* transport media (labeled as “Chlam”), to be kept at 4°C;
- (d) Cotton and Dacron-tipped sterile swabs for viral/chlamydial specimens respectively;
- (e) Single-welled glass slides for direct antigen detection by immunofluorescence test.

3 Timing of specimen collection

- (a) Direct detection and virus isolation: As soon as possible after onset of illness;
- (b) Antibody detection:
 - IgM: Usually 5-7 days after onset of illness;
 - Viral titre: Paired acute and convalescent sera preferably 10-14 days apart;
 - IgG: Any time after window period for persistent infection and immunity testing.

4 Choice of specimens and tests

- (a) In general, testing methods for either direct detection, viral isolation or antibody detection may be employed for the investigation of viral infections. The choice of tests will depend on the infection concerned, types of specimen available, timing of specimen collection, and urgency of tests.

- (b) Relevant clinical information should be clearly provided on the request form so that appropriate tests can be selected for maximal benefit to the patient.
- (c) Collection of inappropriate specimens, use of incorrect containers and specimens inappropriately handled after collection, will not only lead to delay in specimen processing or rejection of the request, but may also result in incorrect results.
- (d) Guidance for collection of specimens according to predominant clinical features is given in Table 1. Guidance for collection of public health specimens is given in Table 2. Testing methods available in this laboratory for viruses are listed in Table 3. Tests available for other microbial agents from clinical specimens are shown in Table 4.
- (e) For collection of specimens for novel influenza virus testing, please also refer to Appendix 3, *Guide to Request for Novel Influenza Virus Testing*.

5 Laboratory request form

(a) Clinical specimens

- i. A laboratory request form, DH2542 (white) or DH2546 (pink) for paying cases, both obtainable from the Virology Division, must be completed and accompany each specimen. HA laboratory request form generated using electronic requesting system is also acceptable. In addition, for requests for HBV DNA, HCV RNA, novel influenza virus and SARS coronavirus testing, the corresponding forms in Appendix 1, 2, 3a and 4 respectively should also be completed and submitted together with the specimen.
- ii. The following information must be available and legible on the request form. Incomplete information on the request form may result in delay in specimen processing or rejection of the request.
 - Patient particulars (name, sex, date of birth/age, HKID /identity document no. /hospital or clinic no.)
 - Requesting unit/ specialty/unit, ward)
 - Relevant symptoms, specific clinical features or provisional diagnosis with date of onset of illness
 - Date of specimen taking
 - Time of specimen taking for HIV RNA, HBV DNA and HCV RNA
 - Nature of specimen
 - Test requested
 - Signature and name of requesting medical staff

(b) Public health specimens

Please refer to Table 2.

6 Specimen labelling, packaging, transport and storage

- (a) The specimen container must be labelled with two unique patient identifiers matching the information on the request form. Incompletely labelled specimens will be rejected.
- (b) The following triple packaging system shall be used when transporting specimens to the Virology Division.
 - i. The primary container containing the specimen must be watertight, leakproof, and properly and securely capped or screwed.
 - ii. A second leakproof container should be used to protect the primary container. Laboratory test request forms must be placed outside the secondary container, using a separate plastic bag.
 - iii. The third layer of outer packaging / container (transport box) should have adequate strength for its capacity and intended use, and that can be cleansed and disinfected.
 - iv. Specimens should be kept at 4°C and upright during transport to minimize the possibility of spillage.
- (c) The specimen transport box should bear the biohazard warning label.
- (d) Specimens should be sent to the Virology Division as soon as possible. Public health specimens for testing at the Virology Division must be sent in person to Room 910, 9th floor, Public Health Laboratory Centre.
- (e) If delay in specimen transport is unavoidable, keep at 4°C for up to 72 hours except :
 - i. EDTA (whole) blood for HIV RNA, HCV RNA and HBV DNA which must arrive at the Virology Division within 6 hours of collection. If it is not feasible, it should be processed and plasma separated within 6 hours of collection. The plasma should be stored at 4°C and sent to the Virology Division within 3 days, or stored at -70°C or lower if storage more than 3 days is unavoidable.
 - ii. specimen for *C. trachomatis* culture which must arrive at the Virology Division within 24 hours of collection or otherwise should be kept at -70°C prior to specimen transport.

7 Average turnaround times (TATs)

(a) The turn around time (TAT) of virology test varies depending on testing method used, frequency of test, number of different tests requested for a single specimen as well as whether additional confirmatory tests are required. The average TATs as shown in the following table serve only as a general reference for some common tests. In case confirmatory test is required, or multiple tests are performed, the TATs may be lengthened accordingly. Some tests are performed less frequently. Please contact the laboratory for details if necessary.

(b) For urgent request, please contact medical staff for assistance if necessary.

Category	Test	Average TAT (working days)	Frequency of test
Culture	Cytomegalovirus	3-5	Daily*
	<i>Chlamydia trachomatis</i>	4-6	Twice per week
	Conventional culture for other common viruses	8-14	Daily
Direct detection	Nucleic acid detection for pandemic influenza virus	1-2	Daily
	Nucleic acid detection for norovirus / rotavirus	1-2	Daily
	Rapid antigen detection for Influenza A and B	1-2	Daily
	Direct immunofluorescence antigen detection for Herpes simplex virus / Varicella zoster virus / Respiratory syncytial virus / <i>Chlamydia trachomatis</i>	1-2	Daily
Viral serology	Viral titres for common respiratory viruses and atypical pneumonia agents	3-6	Daily*
	HIV antibody (Clinical case screening and confirmation)	3-5	Daily
	Antenatal HIV antibody screening	3-5	Daily*
	Antenatal rubella antibody screening	3-4	Daily*
	Antenatal Hepatitis B surface antigen screening	3-4	Daily
	Hepatitis serology for clinical cases	3-5	Daily*
	IgM test for measles / rubella virus	3-6	1-2 per week
	Rapid IgM test for dengue virus	1-2	Daily

*Selected tests are performed less frequently. Please contact the laboratory for details.

8 Requests for additional tests

(a) Additional tests on specimens previously sent to the laboratory may be requested via telephone followed by written request via facsimile.

(b) Such tests will be performed subjected to the following conditions:

- i. test(s) requested by a medical staff
- ii. appropriate clinical indications
- iii. sufficient amount of the appropriate sample is available in the laboratory
- iv. test results are not adversely affected by specimen storage

Table 1: Collection of specimens according to predominant clinical features

- (a) Collect specimens using appropriate safety precautions and personal protective equipment.
- (b) Dispose of any potentially contaminated materials used for specimen collection in accordance with the Code of Practice promulgated by the Environmental Protection Department.

Illness	Specimens	Test/specimen collection
Respiratory	Respiratory aspirates (nasopharyngeal, tracheal)	Direct detection and culture: Aspirate respiratory secretions into a sterile container and add viral transport medium (“TM”) for the detection of viruses in the respiratory tract. For the detection of cytomegalovirus or <i>C. trachomatis</i> , add Cytomegalovirus transport medium (“CMV”), or <i>Chlamydia trachomatis</i> transport medium (“Chlam”) respectively as required.
	Respiratory swabs (throat, nasal)	Culture: Vigorously swab mucous membrane, especially inflamed areas, with a cotton-tipped swab. Put the swab into viral transport medium (“TM”) and aseptically break/cut off the shaft of the swab.
	Paired sera	Viral titre: Collect 5 ml of acute and convalescent blood samples 10-14 days apart in a plain container without anticoagulants.
Gastrointestinal	Stool	Direct detection: Collect unformed stool into a plain container without additives during diarrhoeal phase.
Neurological	CSF	Direct detection and culture: Collect 1-2 ml during the acute phase of illness into a sterile plain container. Viral titre: Collect 0.5 ml during the second week of illness into a sterile plain container.
	Stool	Culture: Collect 1-2 g (peanut-size) into a plain container.
	Respiratory aspirates/ Throat swab	Culture: Aspirate respiratory secretions into a sterile container and add viral transport medium “TM”. To collect throat swab, vigorously swab both tonsillar fauces and posterior pharynx with a cotton-tipped swab. Put the swab into viral transport medium (“TM”) and aseptically break/cut off the shaft of the swab.
	Paired sera	Viral titre: See under “Respiratory illness”.
Cardiac	Stool	Culture: See under “Neurological illness”.
	Paired sera	Viral titre: See under “Respiratory illness”.
Maculopapular rash	Stool	Culture: See under “Neurological illness”.
	Respiratory aspirates/ Throat swab	Culture: See under “Neurological illness”.
	Paired sera	Viral titre: See under “Respiratory illness”.

Table 1: Collection of specimens according to predominant clinical features (Cont'd)

Illness	Specimens	Test/specimen collection
Vesicular rash	Vesicular fluid (from 5-6 lesions)	Direct detection: Disinfect skin carefully without rupturing vesicles. Aspirate at least 0.1 ml fluid in a 1-ml syringe and seal to prevent drying. Culture: Collect fluid with cotton-tipped swab. Put the swab into viral transport medium (“TM”) and aseptically break/cut off the shaft of the swab.
	Basal cellular material from ruptured vesicles	Direct detection: Using a specula or scalpel blade, gently scrape basal cells, emulsify in a drop of saline in the well of a slide, allow to dry and fix in ethanol or acetone for 10 minutes. Culture: Use a cotton-tipped swab to collect lesion basal materials. Put the swab into viral transport medium (“TM”) and aseptically break/cut off the shaft of the swab.
	Stool	Culture: See under “Neurological illness”.
	Paired sera	Viral titre: See under “Respiratory illness”.
Conjunctivitis	Eye swab / conjunctival scrapping	Direct detection (C. trachomatis): Use a Dacron-tipped swab to collect cellular material and smear onto the well of a slide. Allow to air dry and fix in methanol for 10 minutes. Culture: Collect cellular material with a Dacron-tipped swab and place in viral transport medium (“TM”) or <i>Chlamydia trachomatis</i> transport medium (“Chlam”) for viral or <i>C. trachomatis</i> culture respectively.
	Paired sera	Viral titre: See under “Respiratory illness”.
Hepatitis	Single serum	Antigen/antibody detection: Collect 5 ml of blood in a plain container without anticoagulants.
	Paired sera	Viral titre: See under “Respiratory illness”.
Genital	Endocervical swab (female)/ urethral swab (male)	Direct detection (C. trachomatis): Remove excess mucus with a sterile Dacron-tipped swab if necessary. Collect cells with a fresh Dacron swab and smear onto the well of a slide. Fix in methanol for 10 minutes. Culture: Gently swab the mucosa to collect cellular material using a cotton or Dacron-tipped swab and place in viral transport medium (“TM”) or <i>Chlamydia trachomatis</i> transport medium (“Chlam”) for viral or <i>C. trachomatis</i> culture respectively.
Congenital (neonate)	Urine	Culture: Collect 2-3 ml into a small plain sterile container for rubella virus culture or Cytomegalovirus transport medium (“CMV”) for CMV culture.
	Single serum	Antibody detection: Collect 1-2 ml of blood in a plain container without anticoagulants.
Fever (non-specific)	Respiratory aspirates/ Throat swab	Culture: See under “Neurological illness”.
	Stool	Culture: See under “Neurological illness”.
	Paired sera	Viral titre: See under “Respiratory illness”.
Other specific agents	Please refer to Table 3 for tests available for acute and chronic infections and immunity screening of individual agents.	

Table 2: Collection of public health specimens

Test	Specimens	Collection/request form/transport
Hepatitis A virus RNA detection	Raw bivalve molluscs	Collect sufficient sample for testing:- Oyster, clam, mussel, scallop, razor shell: One dozen shellfish per sample Cockle, geoduck, whelk, abalone: 4-6 shellfish per sample, depending on size of each shellfish Place sample in double leak-proof plastic bags and stick sample label to the inner bag. The sample label should contain the sample number and name of food supplier to match the information on the request form. Complete form FEHB33 in duplicate, filling in all required information and sign the request form. Keep the specimen at its initial temperature condition (frozen at <-20°C or at 4°C) during transport to the laboratory.
Norovirus RNA detection	Raw oysters only	As above
<i>Orientia tsutsugamushi</i> / <i>Rickettsia</i> spp. DNA detection	Hard-bodied ticks / mites	Place specimen in sterile container clearly labelled with sample identification number and species information. Complete laboratory request form DH2542 with the following information: Sample identification number, species of tick / mites, geographical site of tick / mite collection, epidemiological case number of patient. Alcohol may be used as fixative, but not formalin. Keep frozen at -20°C or at 4°C during transport.
Japanese encephalitis virus	Mosquito	Place specimen in sterile container clearly labelled with sample identification number and species information. Complete laboratory request form DH2542 with the following information: Sample identification number, species of mosquito, geographical site of mosquito collection, epidemiological case number of patient. Keep specimen with dry ice during transport and send sample to laboratory as soon as possible.

Table 3: Tests available for viruses from clinical and public health specimens

- (a) Some of the tests require prior arrangement with the laboratory and would be performed when clinically indicated.
- (b) Lack of compatible clinical information, inappropriate specimens or use of incorrect containers may result in delay in specimen processing or rejection of the request.

Virus	Direct Detection	Culture	Antibody Detection¹
Adenovirus (non-enteric)	Ag ²	+ ³	Viral titre
Chikungunya virus	RNA ¹	+	Viral titre, IgG, IgM
Cytomegalovirus	Ag ²	+ ⁴	Viral titre, IgG, IgM
Dengue virus	RNA ¹	-	Viral titre, IgM
Diarrhoea viruses ⁵ :			
- Adenovirus (enteric)	EM	-	-
- Astrovirus	EM	-	-
- Norovirus	EM, RNA ^{5, 15, 16}	-	-
- Rotavirus	EM, RNA ⁵ , EIA	-	-
- Sapovirus	EM	-	-
Enterovirus	RNA ⁶	+ ⁶	Viral titre
Epstein-Barr virus	-	-	Heterophil IgM (Monospot test) EBV IgM, IgA and polyvalent antibody
Hantavirus	-	-	Viral titre, IgM
Hepatitis A virus	RNA ¹⁷	-	IgG, IgM
Hepatitis B virus	Ag ¹ , DNA - quantitative ⁹	-	IgG, IgM
Hepatitis C virus	RNA - quantitative ⁹ / genotyping	-	IgG
Hepatitis D virus	-	-	IgG
Hepatitis E virus	-	-	IgG, IgM
Herpes simplex virus	EM ⁷ , Ag ⁷ , DNA ⁸	+ ⁷	Viral titre
Human immunodeficiency virus	Ag ¹ , RNA- quantitative ⁹ , resistance genotyping ⁹ ,	-	IgG
Human metapneumovirus	RNA ²	-	-
Human T-lymphotrophic virus type 1	-	-	IgG
Influenza virus	Ag ² , RNA ²	+ ²	Viral titre
Japanese encephalitis virus	RNA ¹⁸	-	Viral titre, IgM
Measles virus	Ag ² , RNA ¹⁰	+ ¹⁰	Viral titre, IgM
Mumps virus	RNA ¹⁹	+ ¹⁹	Viral titre, IgM
Parainfluenza virus	Ag ² , RNA ²	+ ²	Viral titre
Parvovirus	-	-	IgG, IgM
Polyomavirus	EM ¹¹	-	-
Rabies virus	Ag ¹² , RNA ¹²	+ ¹²	IgG
Respiratory syncytial virus	Ag ²	+ ²	Viral titre
Rhinovirus	RNA ²	+ ²	-
Rubella virus	RNA ¹³	+ ¹⁴	Viral titre, IgG, IgM
SARS coronavirus	RNA ³	+ ³	Viral titre
Varicella zoster virus	EM ⁷ , Ag ⁷	+ ⁷	Viral titre, IgG
West Nile virus	RNA ¹	-	IgM
Yellow fever virus	RNA ¹	-	IgM

Notes:

+: Available

–: Not available

Ag: Antigen detection

EM: Electron microscopy

¹ Blood specimen (5 ml) in plain container without anticoagulants

² Respiratory specimens

³ Respiratory and faecal specimens

⁴ Urine, saliva, respiratory, tissue and foetal specimens

⁵ Unformed diarrhoeal stool

⁶ Respiratory, faecal and CSF specimens

⁷ Please refer to “vesicular rash” illness in Table 1

⁸ CSF specimens

⁹ 6 mL blood specimen in EDTA container to arrive at Virology Division within 6 hours of collection (see section 6. (e))

¹⁰ Respiratory, urine and CSF specimens

¹¹ Ultracentrifuged urine specimens

¹² Please contact the laboratory for advice

¹³ Foetal specimens

¹⁴ Neonatal urine and respiratory, and foetal specimens

¹⁵ Rectal swab or vomitus

¹⁶ Raw oyster

¹⁷ Raw bivalve molluscs

¹⁸ Mosquito, CSF specimens

¹⁹ Saliva, oral or buccal swab, respiratory, urine and CSF specimens

Table 4: Tests available for other microbial agents from clinical specimens

Agents	Direct Detection	Culture	Antibody Detection ¹
<i>Chlamydia trachomatis</i>	Ag ¹	+ ¹	–
<i>Chlamydia</i> spp.	DNA ³	–	Antibody titre
<i>Coxiella burnetti</i>	DNA ³	–	Antibody titre
<i>Legionella pneumophila</i>	DNA ³	–	Antibody titre
<i>Mycoplasma pneumoniae</i>	DNA ³	–	Antibody titre
<i>Orientia tsutsugamushi</i>	DNA ²	–	Antibody titre
Rickettsia: Typhus group	DNA ²	–	Antibody titre
Spotted fever group		–	Antibody titre
<i>Toxoplasma gondii</i>	DNA ⁴	–	Antibody titre, Polyvalent, IgM

Notes: + : Available – : Not available Ag : Antigen detection

¹ Please refer to “Respiratory”, “Conjunctivitis” and “Genital” illness in Table 1

² Blood specimen (5 ml) in plain container without anticoagulants

³ Respiratory specimens

⁴ Body fluid

Appendix 1: Request for HBV DNA testing
Patient information sheet for HBV-DNA assay
(Please complete this form to accompany the laboratory request form)

Collection date: _____

Collection time: _____

Patient's Name: _____
Patient's ID No: _____
Hospital / Clinic: _____

Indications for HBV-DNA Assay: *(Please tick the appropriate box)*

- Pre-treatment baseline DNA level in chronic hepatitis B patient
- Suspected treatment-resistance during anti-viral therapy
- Confirmation of virological response during anti-viral therapy
- Others *(please consult Hepatology / Infectious Disease Specialists)*

Latest Laboratory Results:

HBsAg:	<input type="checkbox"/>	Pos	<input type="checkbox"/>	Neg	Date: _____
HBeAg:	<input type="checkbox"/>	Pos	<input type="checkbox"/>	Neg	Date: _____
HBeAb:	<input type="checkbox"/>	Pos	<input type="checkbox"/>	Neg	Date: _____

ALT level: _____

Date: _____

Patient's Treatment Status:

Anti-viral treatment given:

- No
- Yes *(please circle)*

Lamivudine / Adefovir / Pegylated interferon / Other: _____

Treatment started on: _____

◇ HBV-DNA request will be rejected if same test was ordered within 6 months
◇ Please fill in this information sheet and return with the laboratory request form

Doctor's Name and Code: _____

Hospital / Clinic: _____

Date of Request: _____

Appendix 2: Request for HCV RNA test

Patient information sheet for HCV RNA test

(Please complete this form to accompany the laboratory request form)
(Please send EDTA blood to laboratory within 6 hours of collection)

Collection date: _____

Collection time: _____

Requested by Dr. _____

Patient's Name: _____ ID: _____

Hosp. / Clinic: _____

History (Predisposing factor, e.g. blood transfusion, IVDU, needle stick injury, post renal transplant etc.): _____

Anti-HCV serostatus	* Anti-HCV: Pos / Neg	Date:
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HCV genotyping previously checked	* Yes / No	Date:	Genotype:
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Liver Function Test Results	Date:
ALT / AST: _____	Bilirubin: _____

Antiviral Therapy
On treatment: * Yes / No.
If yes, please specify: * Ribavirin / Peginterferon α 2a / Peginterferon α 2b / others

Treatment started on: _____

Purpose of quantitative HCV RNA test: *Pre-treatment baseline / early virological response / Sustained virological response *(end-of-treatment / 6 months of post-treatment)

Other treatment details: _____

* circle as appropriate

Please fill in this information sheet and return with the laboratory request form

Appendix 3: Guide to Request for Novel Influenza Virus Testing

I. Contact information

For enquiries on laboratory testing:

General enquiries	2319 8247
Medical Staff	2319 8253 / 23198406 / 23198572 /23198574

Address:

Virology Division
9/F Public Health Laboratory Centre
382 Nam Cheong Street, Shek Kip Mei, Kowloon

Facsimile: 2319 5989

Outside office hours:

Medical Control Officer 7116 3300 Call 9179

II. Indications for testing

Specimens should be sent to the Virology Division for patients having the following clinical conditions with epidemiological link:

Clinical conditions

1. patient with:
 - i. clinical features of severe influenza infection or
 - ii. acute respiratory illness (fever with cough, sore throat, shortness of breath or difficulty in breathing) or
 - iii. severe pneumonia
2. patient died of unexplained acute respiratory illness

AND

Epidemiological link

1. patients having contact with a confirmed Influenza A H5N1 or novel influenza infected human case or animal or
2. patients having contact with poultry or wild birds or their remains or with an environment contaminated by their faeces, or patients having consumed raw or undercooked poultry products in countries or areas with documented human or avian influenza H5N1 infections or novel influenza virus infections or
3. persons having handled samples (animal or human) suspected of containing Influenza A H5N1 virus or a novel influenza virus in a laboratory or other settings.

III. Specimen collection

1. Persons taking specimens from patients with suspected infection with novel influenza virus should take proper infection control precautions with appropriate personal protective equipment.
2. The following respiratory samples should be taken as soon as possible after onset of illness, before anti-viral treatment and placed in viral transport media.

- i. Upper respiratory tract - posterior-pharyngeal (throat) swabs, naso-pharyngeal swabs, nasal swabs with nasal secretions (from the anterior turbinate area) or nasopharyngeal aspirates or swabs
 - ii. Lower respiratory tract - bronchoalveolar lavage or tracheal aspirate
 - iii. Other specimens:
 - a. Stool / rectal swab (especially if the patient has diarrhea) may be considered.
 - b. Cerebrospinal fluid if meningitis or CNS involvement by the infecting virus is suspected and a spinal tap is to be performed for diagnostic/therapeutic purposes.
3. Paired sera for antibody testing should be taken during the acute and convalescent phase of illness.
- i. Acute clotted blood/serum should be collected as soon as possible, preferably within 7 days, after onset of illness.
 - ii. Convalescent clotted blood/serum should be collected at least 2 weeks after onset of illness.

IV. Laboratory request form

A laboratory request form DH2542 / DH2546 (or computer generated HA laboratory request form using electronic requesting system), together with the "Request for Novel Influenza Virus Testing" form (Appendix 3a), obtainable from the Virology Division, must be completed legibly in full and accompany each specimen and laboratory request form, in order to ensure expedient specimen processing.

V. Specimen should be labelled, packaged and transported as with other virological specimens.

Appendix 3a: Request for novel influenza virus testing
(Please complete this form to accompany the laboratory request form)

Test requested by: _____ Dr. _____

Contact information of doctor (telephone/mobile/pager number): _____

Patient's name: _____ Patient ID No: _____

Clinical features (please circle and complete as appropriate):

Date of onset of illness _____

Fever _____ No/Yes - Temperature: _____ °C

Respiratory symptoms:

Cough _____ No/Yes

Sore throat _____ No/Yes

Shortness of breath _____ No/Yes

Difficulty in breathing _____ No/Yes

Other significant symptoms: _____

Response to antibiotic treatment _____ No/Yes
(Please specify antibiotics used) _____

Exposure to infected poultry/human _____ No/Yes Dates: _____

Contact with poultry or wild birds or their remains or contact with an environment contaminated by
their faeces: _____ No/Yes Place: _____ Dates: _____

Consumed raw or undercooked poultry products: _____ No/Yes

Relevant travel history with dates _____

Occupation _____

Investigation findings (please circle and complete as appropriate):

Chest x-ray: Normal / Abnormal Please specify changes: _____

WBC count: _____ Lymphocyte count: _____ Platelet count: _____

Rapid test for influenza A virus: _____ Negative/Positive

Other relevant information:

Appendix 4: Request for SARS coronavirus testing

(Please complete this form to accompany the laboratory request form)

Test requested by: Dr. _____

Contact information of doctor (telephone/mobile/pager number): _____

Patient's name: _____ Patient ID No: _____

Clinical features (please circle and complete as appropriate):

Date of onset of illness _____

Fever No/Yes - Temperature: _____ °C

Respiratory symptoms:

Cough No/Yes

Sore throat No/Yes

Shortness of breath No/Yes

Difficulty in breathing No/Yes

Response to antibiotic treatment No/Yes
(Please specify antibiotics used) _____

Relevant travel history with dates _____

Occupation _____

Investigation findings (please circle and complete as appropriate):

Chest x-ray: Normal / Abnormal Please specify changes: _____

WBC count: _____ Lymphocyte count: _____ Platelet count: _____

Rapid test for influenza A virus: Negative/Positive

Other relevant information:

