

# MOH Surveillance Submission Form

For NPHL use only:

Ref No: \_\_\_\_\_

Date: \_\_\_\_\_

This form should only be used for laboratories and physicians to submit specimens/ isolates under MOH surveillance and investigation. It is not meant for clinical diagnostics. Please refer to MOH circular for selection criteria.

(A) PURPOSE			
<input type="checkbox"/> MOH Surveillance		<input type="checkbox"/> MOH Investigation	
<input type="checkbox"/> Special test request		<input type="checkbox"/> Others: _____	
(B) PATIENT'S INFORMATION		(C) SENDER'S INFORMATION	
Name:		Institution:	
Identification No.:		Staff/ Designation:	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B: DD / MM / YYYY	Ward/ Clinic:	
Nationality:		Contact No.:	
(D) SPECIMEN INFORMATION			
Laboratory No.:	Specimen Type: <i>Please check (☐) and circle (*) accordingly.</i>		
	<input type="checkbox"/> Blood (Plain/ EDTA)*	<input type="checkbox"/> Sputum	<input type="checkbox"/> Swab (Nasal/ Throat/ Nasopharyngeal)*
Collected Date:	<input type="checkbox"/> DNA/ RNA*	<input type="checkbox"/> Stool	<input type="checkbox"/> Isolate, source: _____
DD / MM / YYYY	<input type="checkbox"/> Plasma/ Serum*	<input type="checkbox"/> Urine	<input type="checkbox"/> Others, specify: _____
(E) LAB RESULTS PERFORMED BY SENDER (if any)			
Category	<i>Please check (☐) and circle (*) accordingly. ^Please contact NPHL in advance.</i>		
Bacteria & Fungi:	<input type="checkbox"/> <i>Candida auris</i>	<input type="checkbox"/> <i>Listeria monocytogenes</i>	
	<input type="checkbox"/> <i>Corynebacterium diphtheriae</i>	<input type="checkbox"/> <i>Streptococcus agalactiae/ pyogenes</i> *	
	<input type="checkbox"/> <i>Neisseria meningitidis</i>	<input type="checkbox"/> <i>Vibrio cholera/ Vibrio spp.*</i> _____	
	<input type="checkbox"/> <i>Burkholderia pseudomallei/ mallei</i> ^	<input type="checkbox"/> Others, specify: _____	
MMR viruses	<input type="checkbox"/> Measles <input type="checkbox"/> Mumps	<input type="checkbox"/> Positive (PCR / IgM)*	<input type="checkbox"/> Clinically suspect
	<input type="checkbox"/> Measles A <input type="checkbox"/> Rubella	<input type="checkbox"/> Negative (PCR / IgM)*	
Respiratory viruses	Influenza viruses	<input type="checkbox"/> Influenza A Positive (PCR/ Antigen)*	<i>For Influenza A only:</i> <input type="checkbox"/> H1N1pdm09/ H3N2* <input type="checkbox"/> Untypable <input type="checkbox"/> Not subtyped <input type="checkbox"/> Others, specify: _____
	Enterovirus	<input type="checkbox"/> Influenza B Positive (PCR/ Antigen)*	
	SARS-CoV-2	<input type="checkbox"/> Positive (RV/ EV)*	
Vector-borne viruses:	<input type="checkbox"/> Zika <input type="checkbox"/> Dengue <input type="checkbox"/> CHIK	<input type="checkbox"/> PCR (Positive/ Equivocal/ Invalid)*	<input type="checkbox"/> ART Positive
	<input type="checkbox"/> Others, specify: _____	Ct value: _____	<input type="checkbox"/> Serology Positive Test used: _____
Other viruses:	<input type="checkbox"/> Hepatitis E	<input type="checkbox"/> Positive (PCR/ IgM/ IgG)*	<input type="checkbox"/> Clinically suspect
	<input type="checkbox"/> Norovirus	<input type="checkbox"/> Negative (PCR/ IgM/ IgG)*	
Remarks (if any):			
(F) TEST REQUEST			
Category	<i>Please check (☐) and circle (*) accordingly. ^Please contact NPHL in advance.</i>		
Bacteria & Fungi	<input type="checkbox"/> <i>Bordetella pertussis/ parapertussis</i> * PCR		<input type="checkbox"/> <i>Leptospira spp. PCR</i>
			<input type="checkbox"/> Others, specify: _____
MMR viruses	<input type="checkbox"/> Measles PCR	<input type="checkbox"/> Mumps PCR	<input type="checkbox"/> Rubella PCR
Respiratory viruses	<input type="checkbox"/> Influenza (sub)typing PCR	<input type="checkbox"/> Enterovirus typing	<input type="checkbox"/> Multiplex PCR of respiratory viruses
		<input type="checkbox"/> MERS-CoV PCR	<input type="checkbox"/> SARS-CoV-2 PCR
			<input type="checkbox"/> SARS-CoV-2 Serology (Roche S/ N/ cPass)*
Vector-borne viruses	<input type="checkbox"/> CHIK virus PCR	<input type="checkbox"/> WN virus PCR	<input type="checkbox"/> JE virus PCR
	<input type="checkbox"/> Dengue virus PCR	<input type="checkbox"/> YF virus PCR	<input type="checkbox"/> Zika virus PCR
Other viruses	<input type="checkbox"/> Hepatitis E virus PCR	<input type="checkbox"/> Norovirus PCR	
Other requests:	<input type="checkbox"/> Biothreat Panel^	<input type="checkbox"/> Global Fever^	<input type="checkbox"/> GI Panel^ <input type="checkbox"/> Others, specify: _____
Remarks (if any):			

## MOH Surveillance Submission Form

(G) ABBREVIATIONS	
CHIK	Chikungunya
EHEC	Enterohemorrhagic Escherichia coli
JE	Japanese Encephalitis
MERS	Middle East Respiratory Syndrome
MMR	Measles, Mumps and Rubella
SARS	Severe acute respiratory syndrome
WN	West Nile
YF	Yellow Fever

### (H) Delivery address and contact information

NPHL@NCID

National Public Health Laboratory, National Centre for Infectious Diseases  
Block G, Level 13  
16 Jalan Tan Tock Seng  
Singapore 308442

Tel: 6357 7303

Fax: 6251 5829

#### For enquiries:

Laboratory Manager:

Mr Roger Chua ([Roger\\_Chua@moh.gov.sg](mailto:Roger_Chua@moh.gov.sg))

Senior Principal Scientific Officer:

Dr Cui Lin ([Cui\\_Lin@moh.gov.sg](mailto:Cui_Lin@moh.gov.sg))

Director, NPHL:

A/Prof Raymond Lin ([Raymond\\_LIN@moh.gov.sg](mailto:Raymond_LIN@moh.gov.sg))

**Submission Form for  
*Clostridioides difficile* Surveillance**

**Sender's Details:**

Doctor/ Laboratory: \_\_\_\_\_

Name: \_\_\_\_\_

Contact No: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Fax No: \_\_\_\_\_

**Patient's or Sample Details:**

Name (Optional): \_\_\_\_\_

Identification No: (Optional) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: F / M

Laboratory No: \_\_\_\_\_

Collection Date: \_\_\_\_\_

Type of Sample:

Isolate

Liquid / Nonformed stool

Results of ELISA / rapid tests for:

1. GDH:  Positive  Negative  Unknown

2. Toxin A:  Positive  Negative  Unknown

3. Toxin B:  Positive  Negative  Unknown

4. Toxin A / B:  Positive  Negative  Unknown

Results of PCR assay:

Not Performed  Positive for *C. difficile* toxin

O27 / NAP1 Presumptive Positive

**For NPHL use only:**

Date Received: \_\_\_\_\_

Remarks:

**Please send samples to:**

Bacteriology Section

National Public Health Laboratory, National Centre for Infectious Diseases

Block G, Level 13

16 Jalan Tan Tock Seng

Singapore 308442

**Important Notes:**

- Bacterial isolates for investigations should be sent as pure culture using swab in transport media.
- For stool, only liquid/ non-formed stool will be processed.
- Samples should be transported in tightly sealed, leak-proof plastic containers.
- For any enquiries, please contact Bacteriology Section at: Tel: 6357 7341/ 7343, or Fax: 6251 5829.

**MOH Surveillance Submission Form  
for Legionella Isolation**

For NPHL use only:

Ref No: \_\_\_\_\_

Date: \_\_\_\_\_

**(A) Patient's Details**

Name: \_\_\_\_\_

Identification No: \_\_\_\_\_

Gender:    Male    Female

Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**(B) Sender's Details**

Doctor / Lab: \_\_\_\_\_

Ward / Clinic / Hospital: \_\_\_\_\_

Contact No: \_\_\_\_\_

Fax No: \_\_\_\_\_

**(C) Specimen**

Collection Date: \_\_\_\_\_ Laboratory No: \_\_\_\_\_

BAL

ETТА

Lung Tissue

Pleural Fluid

Sputum

Others: \_\_\_\_\_

**Delivery address:**

Diagnostic Bacteriology Lab, SGH  
c/o Specimen Reception  
Level 8, Academia  
Diagnostic Tower  
20 College Road  
Singapore 169856

**For clarification and result reporting, please contact:**

MOH Communicable Disease Division

Tel: 9826 9294

Fax: 6221 5567

OR

NPHL

Tel: 6357 7303

Fax: 6251 5829

Email: [Cui\\_Lin@moh.gov.sg](mailto:Cui_Lin@moh.gov.sg); [Roger\\_Chua@moh.gov.sg](mailto:Roger_Chua@moh.gov.sg)

**MOH Measles and Rubella Surveillance  
Submission Form**

For NPHL use only:

Ref No: \_\_\_\_\_

Date: \_\_\_\_\_

**(A) Patient's Details**

Name: \_\_\_\_\_ Identification No: \_\_\_\_\_

MOH Case No: \_\_\_\_\_

Gender:  Male  Female

Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**(B) Specimen**

Sample Type:  Nasal Swab  Throat Swab  Others: \_\_\_\_\_

Date and time swab collected: \_\_\_\_\_

Suspected diagnosis: \_\_\_\_\_

**For MOH/ NPHL use only:**

Measles PCR  Rubella PCR  Others: \_\_\_\_\_

Please send the sample to:

NPHL@NCID

National Public Health Laboratory, National Centre for Infectious Diseases

Block G, Level 13

16 Jalan Tan Tock Seng

Singapore 308442

Tel: 6357 7303

Fax: 6251 5829

## Submission Form for Multidrug-Resistant Bacteria Surveillance

### Sender's Details:

Doctor/ Laboratory: \_\_\_\_\_

Name: \_\_\_\_\_

Contact No: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Fax No: \_\_\_\_\_

### Patient's or Sample Details:

Name: \_\_\_\_\_

Identification No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: F / M

Laboratory No: \_\_\_\_\_

Collection Date: \_\_\_\_\_

Source of Sample: \_\_\_\_\_

### Laboratory Diagnosis:

Bacterial identification: \_\_\_\_\_ (please specify)

### For Carbapenem-Resistant *Enterobacteriaceae*:

MICs result (mg/L):

Imipenem	Meropenem	Ertapenem	Others: _____

Phenotypic tests (if any): \_\_\_\_\_

PCR results (if any):

*bla<sub>NDM</sub>* :

Pos

Neg

*bla<sub>KPC</sub>* :

Pos

Neg

*bla<sub>OXA-48-like</sub>* :

Pos

Neg

Others: \_\_\_\_\_

### For all other Multidrug-Resistant Bacteria, except for Carbapenem-Resistant *Enterobacteriaceae*

Antibiotic susceptibility test results attached

Date Received: \_\_\_\_\_

### Please send samples to:

Bacteriology Section

National Public Health Laboratory, National Centre for Infectious Diseases

Block G, Level 13

16 Jalan Tan Tock Seng

Singapore 308442

### Important Notes:

- Bacteria for investigations should be sent as pure culture preferably on solid media, or as swabs in appropriate transport media.
- For any enquiries, please contact Bacteriology Section at: Tel: 6357 7341/ 7343, or Fax: 6251 5829.

## Submission Form for *Mycobacterium tuberculosis* DNA Whole Genome Sequencing

Sender's Laboratory: \_\_\_\_\_  
 Sender's Name: \_\_\_\_\_  
 Contact No : \_\_\_\_\_

S/N	Laboratory No.	Patient Name	DNA extracted from MGIT/solid media?	Qubit [DNA] (ng/uL)	OD260 /280	OD260/ 230	Phenotypic drug resistance (R - Resistant, S - Sensitive, ND - Not done)						Remarks
							H	R	Z	E	S	Others	

<p><b>Important Notes:</b></p> <ul style="list-style-type: none"> <li>Extracted bacterial DNA for investigations should be sent in sealed vials of at least 20uL in volume and 10ng/uL in concentration.</li> <li>Drug names are defined as follows: isoniazid (H), rifampicin (R), pyrazinamide (Z), ethambutol (E) and streptomycin (S).</li> <li>For any enquiries, please contact Bacteriology Section at:            Tel: 6357 7341/ 7343      Fax: 6251 5829</li> </ul>	<p><b>Please send samples to:</b></p> <p><b>Bacteriology Section</b></p> <p><b>National Public Health Laboratory@NCID</b>  <b>Block G, Level 13</b>  <b>16 Jalan Tan Tock Seng, Singapore 308442</b></p> <p><b>Date dispatched:</b> _____</p> <p><b>Date received:</b> _____</p>
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## Submission Form for Malaria Sample

### Sender's Details:

Doctor/ Laboratory: \_\_\_\_\_

Name: \_\_\_\_\_

Contact No: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Fax No: \_\_\_\_\_

### Patient's or Sample Details:

Name: \_\_\_\_\_

Identification No: \_\_\_\_\_

Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: F / M

Laboratory No: \_\_\_\_\_

Collection Date: \_\_\_\_\_

Blood sample: \_\_\_\_\_

EDTA / ACD / Others (Specify): \_\_\_\_\_

Type of blood film: \_\_\_\_\_

Thin / Thick / Both

### Laboratory Diagnosis

Species: \_\_\_\_\_

Stages observed: \_\_\_\_\_

Parasitaemia (%): \_\_\_\_\_

**For NPHL use only:**

Date Received: \_\_\_\_\_

Ref. No: \_\_\_\_\_

Remarks: \_\_\_\_\_

### Please send samples to:

Malaria Reference Centre, Parasitology Section  
National Public Health Laboratory, National Centre for Infectious Diseases  
Block G, Level 13  
16 Jalan Tan Tock Seng  
Singapore 308442

### Important Notes:

- For any enquiries, please contact Parasitology Section at: Tel: 6357 7342 or Fax: 6251 5829.



## Submission Form for *Salmonella* Serotyping

### Sender's Details:

Doctor/ Laboratory: \_\_\_\_\_

Name: \_\_\_\_\_

Contact No: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Fax No: \_\_\_\_\_

### Patient's or Sample Details:

Name: \_\_\_\_\_

Identification No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: F / M

Laboratory No: \_\_\_\_\_

Collection Date: \_\_\_\_\_

Source of Sample: \_\_\_\_\_

Confirmation of *Salmonella* species done by:

In-house biochemistry

Vitek

API

Others (please specify): \_\_\_\_\_

Test results from the requesting laboratory (*Salmonella* group, other relevant test information):

Cefotaxime / Ceftriaxone susceptibility result:  Susceptible  Intermediate  Resistant

Ciprofloxacin susceptibility result:  Susceptible  Intermediate  Resistant

Other drug susceptibility results (Please indicate if isolate is azithromycin-resistant):

**For NPHL use only:**

Date Received: \_\_\_\_\_

Remarks:

### Please send samples to:

Bacteriology Section

National Public Health Laboratory, National Centre for Infectious Diseases

Block G, Level 13

16 Jalan Tan Tock Seng

Singapore 308442

### Important Notes:

- Bacteria for investigations should be sent as pure culture preferably on solid media, or as swabs in appropriate transport media.
- For any enquiries, please contact Bacteriology Section at: Tel: 6357 7341/ 7343, or Fax: 6251 5829.

## Submission Form for *Streptococcus pneumoniae* Serotyping

### Sender's Details:

Doctor/ Laboratory: \_\_\_\_\_

Name: \_\_\_\_\_

Contact No: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Fax No: \_\_\_\_\_

### Patient's or Sample's Details:

Name: \_\_\_\_\_

Identification No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: F / M

Laboratory No: \_\_\_\_\_

Collection Date: \_\_\_\_\_

Source of Sample: \_\_\_\_\_

Penicillin MIC: \_\_\_\_\_

Pneumococcal vaccine status:  Vaccinated  Unvaccinated  Unknown

If vaccinated, please specify which pneumococcal vaccine was used:

PPSV23 (Pneumovax23®)

PCV13 (Pevnar 13®)

PCV7 (Pevnar 7®)

PCV10 (Synflorix)

Others: \_\_\_\_\_

Unknown

**For NPHL use only:**

Date Received: \_\_\_\_\_

Remarks:

### Please send samples to:

Bacteriology Section

National Public Health Laboratory, National Centre for Infectious Diseases

Block G, Level 13

16 Jalan Tan Tock Seng

Singapore 308442

### Important Notes:

- Bacteria for investigations should be sent as pure culture preferably on solid media, or as swabs in transport media.
- For any enquiries, please contact Bacteriology Section at: Tel: 6357 7341/ 7343, or Fax: 6251 5829.



**MOH Surveillance Submission Form  
for Stool Specimen**

For NPHL use only:

Ref No: \_\_\_\_\_

Date: \_\_\_\_\_

**(A) Patient's Details**

Full Name (as in NRIC): \_\_\_\_\_

Identification No (NRIC or FIN): \_\_\_\_\_

Gender:  Male  Female

Incident: \_\_\_\_\_

Date of Stool Collection: \_\_\_\_\_

Date of Stool Sample Submission: \_\_\_\_\_

**For MOH/ NPHL use only:**

**(B) Test Assays**

Norovirus PCR

Rotavirus PCR

*C. perfringens* Toxin

GE Multiplexing PCR

Others: \_\_\_\_\_

**Delivery address:**

**National Public Health Laboratory, National  
Centre for Infectious Diseases  
Block G, Level 13  
16 Jalan Tan Tock Seng  
Singapore 308442**

**For stool sample collection, clarification  
and result reporting, please contact:**

**MOH Communicable Disease Division**

**Tel: 9826 9294**

**Fax: 6221 5567**

## Annex: FAQ and Instructions

### Why is my stool sample needed?

Diarrhoea and vomiting might be caused by harmful bacteria, viruses or parasites. Laboratory testing of your stool sample is part of MOH's investigation and may help prevent others from becoming similarly unwell. Hence, MOH requires your stool sample for testing.

#### Collection Guide

1. Label the bottle before stool collection (name, NRIC, date and time)
2. Collect stool sample (instructions attached)
3. Complete the Form for stool culture (attached)
4. Contact MOH to arrange for collection

Once the stool sample is ready for collection, please contact us at **9826 9294 before 1 p.m.** to arrange for pick-up of the sample(s) and **sms** the following details to the same number.

- Name
- Contact number
- The number of stool samples
- Collection address (Residential/ Work/ etc)

Stool sample(s) should **not** be left uncollected for more than 24hours.

Stool sample collection timing <b>[to arrange pickup before 1 p.m.]</b>	
Mon - Fri	9 a.m. – 5 p.m.
Sat/Sun/Public holidays	<b>No</b> collection

Thank you for your co-operation.

### INSTRUCTIONS FOR STOOL SAMPLE COLLECTION

1



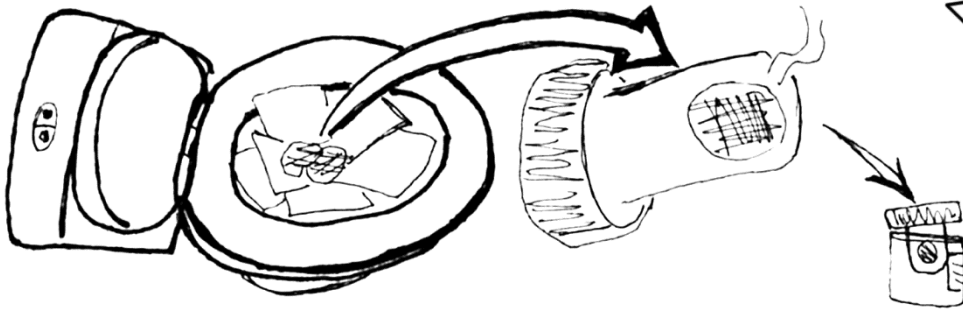
Label bottle with your name, NRIC no., date and time of collection

2



Line the interior of toilet bowl with several layers of toilet paper.

3



After passing motion, scoop up a portion of sample into the bottle.

4



Place filled bottle into biohazard bag and box. Wash your hands.