

GOVERNMENT OF NAGALAND
DIRECTORATE OF HEALTH AND FAMILY WELFARE
NAGALAND::KOHIMA

Dated Kohima, the 17th Aug 2020.

ORDER

No: DHFW/COVID-19/2019-20/5365-68 :: To streamline data management on sampling and testing on COVID-19, all Sample Collection Centres (public and private) and District Surveillance Units as well as State Surveillance Unit are to maintain a Register on COVID-19 Test Samples Line List in excel sheet as given in ANNEXURE: 1 to enable proper analysis of data and information generation.

Further, all Sample Collection Centres (public and private) are to submit the Daily COVID-19 Test Sample Line List Report in excel sheet as given in ANNEXURE: 2 by email to the respective District Surveillance Unit for compilation and data analysis. All District Surveillance Units in turn will submit the District Daily COVID-19 Test Sample Line List Report to SSU and Digital Surveillance Team daily by email to (1). nlssu.idsp@nic.in and (2). nagalandcovid19cmt@gmail.com respectively.

All concerned are hereby directed for strict compliance with immediate effect. Any non-compliance shall attract disciplinary actions as deemed fit.

In case of requirement of additional manpower for proper maintenance of Records, the District Health Authority is directed to requisition the same from the respective District Task Force.


(DR. VIZOLIE Z SUOKHRIE)
Principal Director

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Copy To:

1. The Commissioner & Secretary, Health & Family Welfare Department for kind information.
2. The Mission Director (NHM)/ Director (H)/ Director (FW)/ SPO (IDSP) for information and necessary action.
3. The Deputy Commissioner & Chairman DTF of all districts for information and necessary action.
4. The Chief Medical Officer/ Medical Superintendent/ District Surveillance Officer (IDSP)/ Sample Collection Centres (public and private) of all districts for information and necessary action.
5. Guard file/ Office copy.


(Dr. VIZOLIE Z SUOKHRIE)
Principal Director

FORMAT OF COVID-19 TEST SAMPLES LINE LIST REGISTER
(To be maintained in excel sheet by all Sample Collection Centres, all District Surveillance Units and State Surveillance Unit)

(Date of Release:08.2020)

1	Sl.		
2			
1		2	Name of Patient
		3	Age in years
		4	Sex (M/F)
		5	Phone/ Mobile Number
		6	<u>Present Address as given in SRF OR if under Institutional Quarantine Name of the QC</u>
		7	Occupation
		8	(<u>Y</u> for yes/ <u>N</u> for no)
		9	If Yes, Place of Origin
		10	Date of Arrival at the District (DD/MM/YYYY)
		11	Date of Exposure or Contact with the Confirmed case (DD/MM/YYYY)
		12	Cough (<u>Y</u> for yes/ <u>N</u> for no)
		13	Fever (<u>Y</u> for yes/ <u>N</u> for no)
		14	Breathlessness (<u>Y</u> for yes/ <u>N</u> for no)
		15	Aryogya Setu (<u>Y</u> for yes/ <u>N</u> for no)
		16	nCOVID Nagaland Visitors (<u>Y</u> for yes/ <u>N</u> for no)
		17	RT-PCR (<u>Y</u> for yes/ <u>N</u> for no)
		18	Screening (<u>Y</u> for yes/ <u>N</u> for no)
		19	Confirmatory (<u>Y</u> for yes/ <u>N</u> for no)
		20	Rapid Antigen Detection Test (<u>Y</u> for yes/ <u>N</u> for no)
		21	Date of Sampling (DD/MM/YYYY)
		22	District Code (SRF plus 1st 5 digits)
		23	Sample No (Last 8 digits)
		24	(to be updated after Receipt of result)
		25	
			Result (Positive / Negative)
		26	Remarks if any
2			

DAILY COVID-19 TEST SAMPLES LINE LIST REPORTING FORMAT

(To be sent by Sample Collection Centre through email to respective DSU and the District Compiled Report from DSU to nlsur/dsp@nic.in and nagalandcovid19centr@gmail.com)

(Date of Release:08.2020)

District		Date of Reporting (DD/MM/YYYY)	
Sl.	1	2	Name of Patient
	3	4	Age in years
	4	5	Sex(M/F)
	5	6	Phone/ Mobile Number
	6	Present Address as given in SRF OR if under Institutional Quarantine Name of the QC	
	7	Occupation	
	8	Travel History	(<u>Y</u> for yes/ <u>N</u> for no)
	9		If Yes, Place of Origin
	10		Date of Arrival at the District (DD/MM/YYYY)
	11	Date of Exposure or Contact with the Confirmed case (DD/MM/YYYY)	
	12	Cough (<u>Y</u> for yes/ <u>N</u> for no)	
	13	Fever (<u>Y</u> for yes/ <u>N</u> for no)	
	14	Breathlessness (<u>Y</u> for yes/ <u>N</u> for no)	
	15	On-Boarding Digital Surveillance App	Aryogya Setu (<u>Y</u> for yes/ <u>N</u> for no)
	16		nCOVID Nagaland Visitors (<u>Y</u> for yes/ <u>N</u> for no)
	17	Type of Test for Diagnosis of COVID-19	RT-PCR (<u>Y</u> for yes/ <u>N</u> for no)
	18		Screening (<u>Y</u> for yes/ <u>N</u> for no)
	19		Confirmatory (<u>Y</u> for yes/ <u>N</u> for no)
	20		Rapid Antigen Detection Test (<u>Y</u> for yes/ <u>N</u> for no)
	21	Date of Sampling (DD/MM/YYYY)	
	22	SRF ID	District Code (SRF plus 1st 5 digits)
	23		Sample No (Last 8 digits)
	26	Remarks if any	