ORDER

No: DHFW/COVID-19/2019-20/5 265-68 :: 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

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.
| No | Name of Patient | Age in years | Sex (M/F) | Phone/ Mobile Number | Present Address as given in SRF OR if under Institutional Quarantine Name of the QC | Occupation | (Y for yes/ N for no) | Travel History | Date of Arrival at the District (DD/MM/YYYY) | Date of Exposure or Contact with the Confirmed case (DD/MM/YYYY) | Cough (Y for yes/ N for no) | Fever (Y for yes/ N for no) | Breathlessness (Y for yes/ N for no) | Aryogya Setu (Y for yes/ N for no) | nCOVID Nagaland Vistors (Y for yes/ N for no) | RT-PCR (Y for yes/ N for no) | Screening (Y for yes/ N for no) | Confirmatory (Y for yes/ N for no) | Rapid Antigen Detection Test (Y for yes/ N for no) | Date of Sampling (DD/MM/YYYY) | District Code (SRF plus 1st 5 digits) | Sample No (Last 8 digits) | (to be updated after Receipt of result) | Result received on (DD/MM/YYYY) | Result (Positive / Negative) | Remarks if any |
|----|----------------|-------------|-----------|---------------------|-----------------------------------------------------------------|------------|----------------------|-------------|-----------------------|---------------------------------------------|------------------|------------------|-----------------------------|-----------------|------------------------|------------------|-----------------|------------------------|---------------------------------------------|-----------------|------------------------|-----------------------------|----------------|----------------------|
| Remarks if any | Sample No (Last 8 digits) | District Code (SRF plus 1st 5 digits) | Date of Sampling (DD/MM/YYYY) | Date of Screening (DD/MM/YYYY) | Rapid Antigen Detection Test (Y for yes/ N for no) | COVID Nagaland Visitors Travel History | NCPCR (Y for yes/ N for no) | On-Demand Screening (for yes/ N for no) | Ayogya Setu (Y for yes/ N for no) | Date of Exposure or Contact with the Confirmed case (DD/MM/YYYY) | Confirmation (Y for yes/ N for no) | Fever (Y for yes/ N for no) | Cough (Y for yes/ N for no) | Breathlessness (Y for yes/ N for no) | Date of Arrival at the District (DD/MM/YYYY) | District Code (SRF plus 1st 5 digits) | Date of Arrival at the District (DD/MM/YYYY) | Age in Years | Name of Patient |
|----------------|---------------------------|--------------------------------------|------------------------------|--------------------------------|--------------------------------------------------|----------------------------------------|-----------------------------|----------------------------------------|---------------------------------|--------------------------------------------------|----------------------------------|----------------|----------------|----------------|----------------|----------------|-------------------------------|-----------------|-------------------------------|----------------|----------------|
|                |                           |                                      |                              |                                |                                                  |                                        |                             |                                        |                                  |                                                  |                                   |               |               |               |               |               |                               |                 |                               |               |               |

**ANNEEURE: 2**