



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

February 11, 2020

DEPARTMENT CIRCULAR

No. 2020 - 0069

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS AND ALL OTHERS CONCERNED

SUBJECT: Public Advisory No. 11 - Reminders for Sending Specimens to the Research Institute for Tropical Medicine (RITM) for Coronavirus Disease 2019 (COVID-19) Testing (as of February 11, 2020)

This advisory is issued to inform the Directors of Centers for Health Development, Minister of Health of the Bangsamoro Autonomous Region in Muslim Mindanao, Special and Specialty Hospital Directors, Chiefs of Medical Centers, Hospitals and Sanitaria, and other concerned of the following reminders on sending specimens to RITM for COVID-19 Testing:

1. All Patients Under Investigation (PUIs) should be tested for COVID-19. Hospitals should refrain from sending specimens for testing asymptomatic individuals with no history of travel to China nor history of exposure, for clearance purposes.
2. It is the responsibility of hospitals and other Disease Reporting Units (DRUs) to report and inform the appropriate Regional Epidemiology and Surveillance Unit (RESU) of PUIs and specimens being referred to RITM for testing.
3. Hospitals, DRUs, and RESUs should be familiar with biosafety guidelines and the guidelines on specimen collection and transport prior to sending specimens.
 - a. **The appropriate specimen types include Nasopharyngeal/Oropharyngeal Swab (NPS/OPS) in Universal Transport Medium/Viral Transport Medium (UTM/VTM) transported at 4°C. Do not use Amies or other bacterial transport medium.**
 - b. **The appropriate swab is dacron or rayon. Do not use wooden or cotton swabs.**
 - c. **Sputum and/or endotracheal aspirate or bronchoalveolar lavage may also be submitted for patients with more severe respiratory disease.**
 - d. **Ensure that the specimen container is tightly sealed, labeled properly with the name, age, sex, date and time of specimen collection.**
4. It is the responsibility of the referring facility or DRU to complete the required information per specimen to ensure that each specimen can be identified. Accompanying documentation include the **CIF and specimen line list.**

- a. All referrals for 2019-nCoV testing should include a completely filled up Coronavirus Disease 2019 (COVID-19) Case Investigation Form (CIF) per patient specimen.
 - b. In addition, all DRUs are to accomplish a complete line list of specimens referred to the Institute (Annex 1). This is undertaken to improve specimen tracking and minimize delays in the disposition and release of results due to missing vital laboratory information.
 - c. The name of the contact person for the said facility including complete official contact details (name of health facility, office land line/mobile phone number, and e-mail address) should be indicated in the CIFs and Linelist.
 - d. The documents (CIFs and Linelist) shall be placed in a water-resistant plastic resealable bag (e.g., Ziplock) which is secured outside the specimen container.
5. It is the responsibility of the referring facility or DRU to coordinate with the courier to ensure prompt delivery of specimens to RITM.
 6. RITM runs specimens at 10 AM and 4 PM, hence samples should be received at RITM at 9 AM or 2 PM.
 7. RITM sends electronic copies of the official results *simultaneously* to the hospital Infection Control Nurse, Epidemiology Bureau, and RESU.
 8. For specimen coordination inquiries, contact RITM Surveillance and Response Unit at (0947)8706673 or (0915)3755953.

For your information and guidance.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

ANNEX 1 – LINELIST FORM FOR SPECIMEN REFERRAL TO RITM 2019-NCOV TESTING

LINELIST OF SPECIMENS REFERRED FOR 2019 NCOV TESTING			
Disease Reporting Unit (Hospital/agency):		Date of Specimen Shipment: (mm-dd-yyyy)	
Referring Physician:		Time of Specimen Shipment: (hh:mm)	
Contact Person:		Courier:	
Telephone Number:		Mobile Number:	Official E-mail address:

No.	Name of Patient (Surname, First Name, Middle Name)	Date of Birth (mm/dd/yyyy)	Age (years-months)	Sex (M/F)	Date of Specimen Collection (mm/dd/yyyy)	Time of Specimen Collection (hh:mm) AM/PM	Remarks (Indicate if 1 st or 2 nd Sample)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Prepared by: _____ Date: _____
 Signature over printed name