

National Health Mission SDA Complex, Kasumpti, Shimla-9 Himachal Pradesh

Dated: Shimla-171009, the April 2020



OFFICE ORDER

In order to streamline the data entry as well as reporting to ICMR in respect of the samples for COVID19 taken and processed, Government of India has developed RT-PCR Application, which is having interface with the ICMR lab portal as well as COVID-19 portal of the Government of India. Government of India has decided that the data entered in the ICMR portal will only be taken as the valid data pertaining to respective States. As per prevailing practice, districts are filling the Specimen Requisition Form (SRF) for each individual manually and sending that to the concerned lab and the districts are also making entries in the www.covid19.nhp.gov.in portal for all the persons in respect of whom samples are being taken. The testing laboratories are in turn entering the details of all the persons on the ICMR portal which is leading to unnecessary duplication of work and potential for incorrect entries.

To make the process more streamlined, the following needs to be undertaken:

- 1. All the districts in Himachal Pradesh have already been provided with the login IDs for management of various collection centres including creation of new collection centres for collecting the samples pertaining to COVID-19. This dashboard can be accessed on www.covid19cc.nic.in.
- RT-PCR Application of India has been developed by the NIC and is available
 on google play store. The persons who have been authorized at collection
 centres on the www.covid19cc.nic.in portal can login to this application
 through their mobile numbers and OTP.
- 3. The details of the person in respect of whom the samples have been collected and the name of laboratory to which the samples are being sent need to be entered in the application. A detailed user guidance presentation is annexed with this order for completing the entries on RT-PCR application of India.
- 4. The application shall also allow the downloading and printing of the filled in

SRF for a particular case and the districts need not send manually filled up SRFs. They can take out printout of the prefilled SRF and send along with the sample to the concerned testing laboratory.

- 5. The data filled in through the RT-PCR application of India shall be automigrated to the ICMR portal and the testing laboratories shall not require to fill in the entries on the ICMR portal again. They only need to process the samples and indicate the results against each sample ID.
- The data filled in through the RT-PCR Application of India shall also be automigrated to www.covid19.nhp.gov.in portal and the districts would not require to enter the data manually in respect of samples on the portal again.

It is further directed that all the testing laboratories shall not accept any sample with manually filled up SRF from any of the districts w.e.f. 03.05.2020 onwards. In case of any technical assistance, the State Surveillance Officer or the District Informatics Officer may be contacted.

Special Secretary (Health)

cum- Mission Director, NHM
Himachal Pradesh

NSSION DIRECTOR (NHM)

3 0 APR 2020

Endst. No.: As above.

Dated Shimla-9 the

April, 2020

New Shimla-9 (H.P.)

Copy for information and necessary action to:

 The Additional Chief Secretary (Health) to the Government of Himachal Pradesh.

- 2. The Director Health Services, Himachal Pradesh for information.
- 3. The Director of Medical Education and Research, Himachal Pradesh.
- 4. All the Chief Medical Officers, in Himachal Pradesh.
- 5. All the Principals, Govt. Medical Colleges, Himachal Pradesh.
- 6. The Director, CRI Kasauli, District Solan, Himachal Pradesh
- 7. The Director IHBT Palampur District Kangra, Himachal Pradesh
- 8. The HOD, Deptt. Of Microbiology IGMC Shimla, Dr. RPGMC Tanda, Kangra & SLBSGMC Nerchowk, Mandi.
- 9. All the Medical Superintendent, Himachal Pradesh.

10.All the District Surveillance Officer, Himachal Pradesh.

Special Secretary (Health)

cum- Mission Director, NHM







National Informatics Centre

Ministry of Electronics & Information Technology

RT-PCR Test of India

(for capturing Sample data for SRF)

https://covid19cc.nic.in

23-April-2020



Objective



- Advance data collection of RT-PCR Test Samples (Specimen Referral Form) being collected across the country
- Linkage with https://covid19cc.nic.in
 portal for authorizing Collection
 Centres/Testers



App Features



- Authentication with User Mobile/ OTP
- Patient Mobile/OTP
- Geo-tagging of patient location
- Repeat Test data from ICMR
- Record saving option available after OTP
- PDF print option of SRF form



https://covid19cc.nic.in







Collection Centre Info



Collection
Centre List
option may be
used to view
the
information of
Authorised

RT-PCR Centres

Exce	ption Report		State *	-Select-	~ Dis	strict • -Se	elect-	
			Authorised Test	RT-PCR	<u>~</u>	Centre GC	OVERNMENT	
Sho	w 10 v Entrie	es				Q	Search	
Sr. No.	State	District	Centre Name	Centre Address	Authorized Test	Centre Type	Total Person	Active Person
1	ANDAMAN AND NICOBAR ISLANDS	SOUTH ANDAMANS	Lal Path Lab	andaman road	RATI, RT-PCR	GOVERNMENT	1	0
2	ANDHRA PRADESH	EAST GODAVARI	VRDL RMC KAKINADA	DEPARTMENT OF MICROBIOLOGY GOVERNMENT GENERAL HOSPITAL KAKINADA	RT-PCR	GOVERNMENT	0	0
3	ANDHRA PRADESH	KRISHNA	GOVERNMENT SIDDHARTHA MEDICAL COLLEGE	VIJAYAWADA	RT-PCR	GOVERNMENT	26	0
4	ANDHRA PRADESH	PRAKASAM	GGH ONGOLE	BHAGYA NAGAR ONGOLE	RT-PCR	GOVERNMENT	0	0
5	ANDHRA PRADESH	PRAKASAM	DISTRICT HOSPITAL MARKAPUR	CUMBUM ROAD MARKAPUR	RT-PCR	GOVERNMENT	0	0
6	ANDHRA PRADESH	PRAKASAM	AREA HOSPITAL CHIRALA	KOTHAPETA CHIRALA	RT-PCR	GOVERNMENT	0	0
7	ANDHRA PRADESH	PRAKASAM	AREA HOSPITAL KANDUKUR	PAMUR ROAD KANDUKUR	RT-PCR	GOVERNMENT	0	0
8	ANDHRA PRADESH	SPSR NELLORE	ACSR GOVERNMENT MEDICAL COLLEGE	OPPOSITE SUBBA REDDY STADIUM, DARGAMITTA,	RATI, RT-PCR	GOVERNMENT	2	1

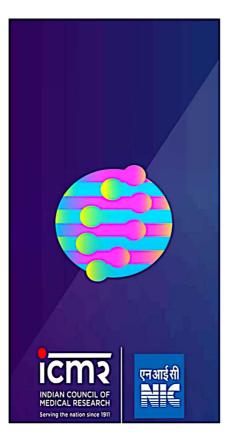


App Installation



1. Download App from Google Play Store or Apple App Store. Links also available at https://covid19cc.nic.in

2. Accept Terms and Conditions, Enable Location on your phone and proceed





RT-PCR Test of India



This App is meant to be used by collection centre technicians to enter details of the samples being collected for Covid-19 RT-PCR test. It is mandatory to fill this form for each and every sample being collected. It is essential that the technician exercise caution to ensure correct information is captured in the form.

This App will read the location parameters (Latitude/Longitude) of the place where the sample for RT-PCR test is being collected.

Terms and Conditions

- 1. I agree to use this mobile app for advance reporting of samples being sent to ICMR authorised labs for RT-PCR test.
- 2. I am authorized by Government to use this mobile App.

Decline

Accept



User Authentication



1. Enter your Mobile Number as Entered in against your Collection Centre for RT-PCR App https://covid19cc.nic.in



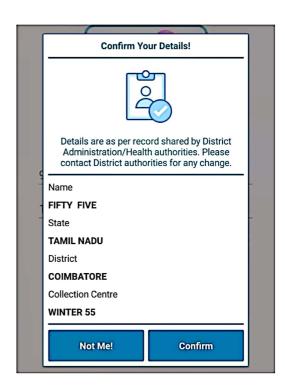
RT-PCR Test of India

- 2. Tap Get OTP
- 3. Enter OTP
- 4. Your details are shown, please confirm and proceed



This App is meant to be used by registered collection centres in India. The collection centre technician will use mobile number to login.

Resend OTP



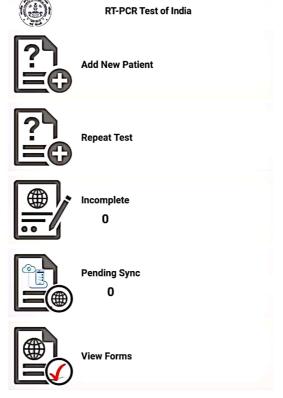


Home Screen of App



1. Home Screen has five options

- 2. Tap Add New Patient
- 3. User will be prompted for Doctor Prescription and can proceed only if it is available



RT-PCR

Do You Have Doctor Prescription for the

No

Yes

RT-PCR

As per current guidelines, it is mandatory to have doctor's prescription to conduct the Covid-19 (RT-PCR test). You will not be allowed to proceed further in the absence of a prescription!

OK



App-New Patient



- 1. The Entry form opens and prompts for Name of Patient and Mobile of Patient for OTP based authentication
- A.2 Personal Details

 Form ID:

 Name *

 Sandeep

 Mobile Number *

 9418453053 Resend in 29 S

 _____ Confirm OTP
- 2. Location details of patient are captured and Form can be saved at this stage for data entry in Lab later, if desired
- 3. Complete form can also be filled.

P Lat: 31.0880928	3 Long : 77.1804164
X Cancel	Next >

A.2 Personal Details				
MEHEK ELIYAS SAYYAD - 14				
Name *				
MEHEK ELIYAS SAY	YAD			
Mobile Number *				
9323505206		Get OTP		
		Confirm OTP		
Mobile Belongs To? *				
Self	☐ F	amily		
Person	's present ac	ldress		
Village or Town *				
Enter Village or Tow	/n			
District *				
MUMBA				
State *				
MAHARASHTRA				
P Lat: 31.08	381398 Long	: 77.180409		
X Cancel		Next >		





1. A2 Section may be completed

2. A3 Section is shown for data entry.

District *			
COIMBATORE			
State *			
TAMIL NADU			
Patient Address *			
address			
Pin Code *			
171001			
Age *	Gender *		Nationality *
50 MM	Male		INDIA
Downloaded Aarog	ya Setu App	?*	
Yes		☐ No	
Email id			
a@gmail.com			
Aadhaar			
40044004400	•		
P Lat	: 31.0880928	B Long : 77.	.1804164
X Cance	el		Next >

A.3 Specimen Information From Referring Agency			
SANDEEP - 3356900000001			
BAL/ETA Collection Date & Sample ID (Label)			
TS/NPS/NS Collection Date & Sample ID (Label)	<u>~</u>		
23-04-2020 ts label			
Blood in EDTA Collection Date & Sample ID (Label)			
Acute Sera Collection Date & Sample ID (Label)			
Covalescent Sera Collection Date & Sample ID (Label)			
Any Other Specimen			
,	_		
P Lat: 31.0880928 Long: 77.1804164			





1. A4 and A5 sections

2. B1 section for data entry.

(Please Select Only One)	
SANDEEP - 3356900000001	
Cat-1 : Symptomatic International Travelers in Last 14 Days	
Cat-2 Symptomatic Contact of Lab Confirmed Case	<u>~</u>
Cat-3 Symptomatic Health Care Worker	
Cat-4 Hospitalised Severe Accute Respiratory Illness (SARI) Patient	
Cat-5(a) Asymptomatic Direct and High Risk Contact of Confirmed Case Family Member	
Cat-5(b) Asymptomatic Health Care Worker in Contact With Confirmed Case Without Adequate Protection	
Cat-6 Symptomatic Influenza like Illness (ILI) patient in hospital/MoHFQ identified clusters	
Other	
A.5 Status of Current Respiratory Infection	
Respiratory Infection	
NA	

A.4 Patient Category

	B.1 Exposure History (2 W Symp		
	SANDEEP - 33	56900	0000001
1. Die	d You Travel To Foreign Co	ountry	In Last 14 Days?
\checkmark	Yes		No
Place	es of Travel *		
Par	is		
2. Ha	nve You Been In Contact V	Vith L	ab Confirmed COVID-19
\checkmark	Yes		No
Nam	e of Confirmed Patient		
con	firmed patient		
3. W	ere you Quarantined? *		
\checkmark	Yes		No
Whe	e Were You Quarantined?	*	
	Home	\checkmark	Facility
	e you a Health care worke anaging patients?	r worl	king in hospital involved
П	Yes	\checkmark	No





1. B2 and B3 sections

		p				B.3 Pre-Existing N	ledical Conditions	
	ABDUL AZEEZ -	0202	300000030			SANDEEP - 33	5690000001	
Symptom Present *			Select Pre-existing medical condition(s)					
\checkmark	Yes No			_				
First Symptom Noticed *				Chronic lung disease				
Cough				Chronic renal disease				
Date	of Onset of symptoms			Malignancy				
09-04-2020					0	Diabetes		
Sele	ct Symptom(s)				F	Heart Disease		
\checkmark	Cough?		Chest Pain?	\checkmark	F	Hypertension		
	Breathlessness?		Abdominal Pain?		C	Chronic liver disease		
	Sore Throat?	\checkmark	Vomiting?					
	Sputum?		Haemoptysis?	lmmı	un	ocompromised Condition	on?	
\checkmark	Diarrhoea?		Nasal Discharge?		Υ	/es	□ No	
	Nausea?		Fever at Evaluation?	Othe	er u	underlying conditions		
	Body-ache?			oth	С	ondition		





1. B4 and B5 sections

2. Select Laboratory where sample will be sent in the last field

SANDEI	EP - 335690000001
Has the patient been ho	spitalised?
Yes	☐ No
Hospitalisation Date	
04-04-2020	
Hospital State	
TAMIL NADU	
Hospital District	
COIMBATORE	
Hospital Name	
Govt Hospital	
B.5 Refe	erring Doctor Details
Name of Doctor *	_
Doctor Name	
Doctor's Mobile Number	
Mobile No	

B.4 Hospitalisation Details

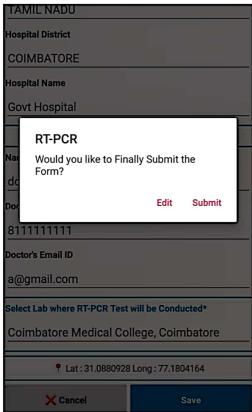
Hospital State	
TAMIL NADU	
Hospital District	
COIMBATORE	
Hospital Name	
Govt Hospital	
B.5 Referring Doctor De	tails
Name of Doctor *	
doctor name	
Doctor's Mobile Number	
8111111111	
Doctor's Email ID	
a@gmail.com	
Select Lab where RT-PCR Test will be Co	nducted*
Coimbatore Medical College, Co	oimbatore

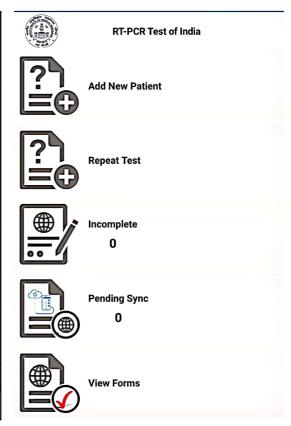


App-Saving Record



- 1. Record is saved
- 2. Incomplete, pending for sync and forms entered by the Sample collector can be view using appropriate buttons







Repeat Test



1. For repeat test, either enter Patient ID available with your or enter 1 or more mobile numbers of patient

2. Tap the patient for who repeat test is being done

3. Only some fields can be entered in this case.

Repeat Sample Details **Enter Previous Test Details**

Previous Patient ID # Registered Mobile No 1 (Patient/Family) # Mobile No 1 Registered Mobile No 2 (Patient/Family) Mobile No 2 Registered Mobile No 3 (Patient/Family)

Search

Mobile No 3

#: Atleast one value is mandatory!

Patients Matching Search Criteria Tap On Patient Name

Q Search (Name, Age, Mobile)

Name: Chhitubhai Jivanbhai Parmar Age: 68 Mobile: 9624037376 Gender: M

Address: 3-chitrakt,maktampur, bharuch

Name: AQIB MUKHTAR Age: 17 Mobile: 9622812276 Gender: M

Address:

Name: MUSANEEF Age: 38

Mobile: 7760691271 Gender: M

Address:

Age: 19 MEHEK ELIYAS SAYYAD Name: Mobile: 9323505206 Gender: F

Address: R NO 154 SECTOR 20 BELAPUR

Name: RAMCHANDRA WANGALE Age: 40 Mobile: 9967687204 Gender: M

Address: H-701, SHAULESHWAR NG, SHIV VALLAB RD,

DAHISAR,M 68

View/Edit/ Delete Samples



1. In View
Forms option,
Enter date for
which records
are to be
viewed

2. In case of Incomplete forms, user may edit or delete the record by tapping on it.





SRF-PDF to Print



SRF Form PDF file can also be seen by Tapping on appropriate option in the Pop-up of selected Form



ICMR Specimen Referral Form for COVID-19 (SARS-CoV2)

Form ID:3361000000015

Sample Collector Name : FIFTY TWO Mobile: 9111111152 Center : WINTER 52

INTRODUCTION:

This form is for collection centres / labs to enter details of the samples being tested for Covid-19. It is mandatory to fill this form for each and every sample being tested. It is essential that the collection centres / labs exercise caution to ensure that correct information is captured in the form. INSTRUCTION:

- Inform the local / district / state health authorities, especially surveillance officer for further guidance
- Seek guidance on requirements for the clinical specimen collection and transport from nodal officer
- . This form may be filled in and shared with the IDSP and forwarded to a lab where testing is planned

SECTION A - PATIENT DETAILS	
A.1 TEST INITIATION DETAILS	
*Doctor's Prescription: Yes 🗗 No 🗀 (If yes, attach prescription; if no, test cannot be conducted)	*Repeat Sample : Yes ☐ No ☑ If yes, Patient ID :
A.2 PERSON DETAILS	
*Patient Name: NAVEEN	*Age: 58 Years
*Present Village or Town: BHARARI	*Gender:Male Female Others
*District of present residence: Ariyalur	*Mobile Number: 9418900817
*State of present residence:	*Mobile number belongs to: Self Family Family Family Family Family Family Family Family Family Family Family Family Family Family Family Family Family Family Family Family Fam
*Patient's Present Address: SHIMLA	*Nationality: India
	*Downloaded Aarogya Setu App: Yes No □
*Pin Code: 171001	(These fields to be filled for all patients including foreigners)
Email:	
Aadhaar No. (For Indians):	Passport No. (for Foreign Nationals):
*A.3 SPECIMEN INFORMATION FROM REFERRING AGENCY	
*Specimen type ☐ TS/NPS/NS ☐ BAL/ETA ☐ Blood	in EDTA ☐ Acute sera ☐ Covalescent ☐ Other
*Collection data	23/04/2020



Thanks

Novel Coronavirus (COVID-19) Manual for RT-PCR App

April 2020

Starting the app

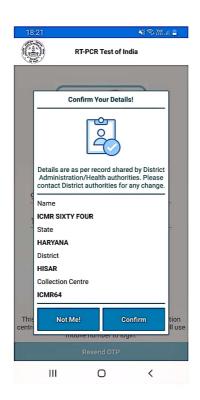
Starting the APP





User Authentication





Steps to authenticate

- 1. On main screen enter your mobile number to receive the OTP
- 2. Click on Get OTP
- 3. Enter the received OTP
- 4. A new screen will appear with user details
- 5. Press confirm to continue
 - 1. If the details shown are not your own, talk to your supervisor to check that your mobile number is mapped to your details for authentication.

User Authentication – Login failure





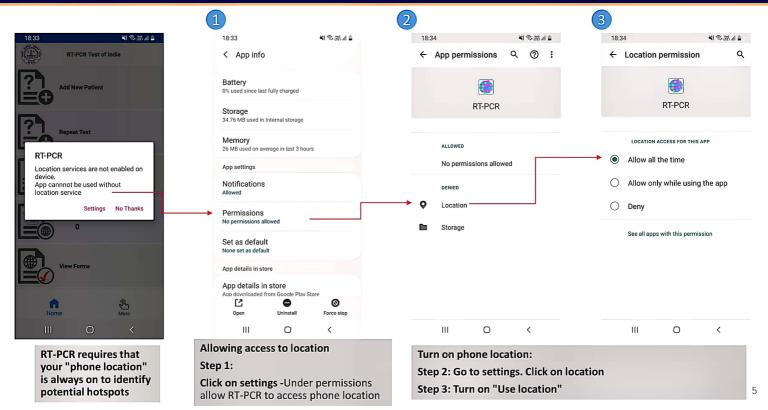
In case your receive a "User is not authorized" error:-

- Please check whether you have entered the correct mobile number
- 2. Please check whether your supervising officer has submitted your mobile number to be authorized for the use of the app

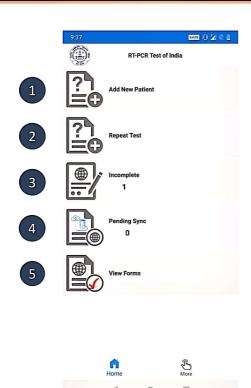
In case your receive a "Invalid OTP Entered" error:-

1. Please click on "Try Again" and generate OTP again

Ensure Phone location is always on: -



Home Screen: Task Selection



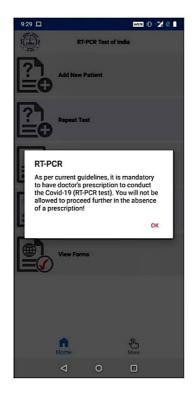
Choose your task

Click on one of the options given to select your task

- Add New Patient if the patient is getting the RT- PCR test for the first time
- 2. Repeat Test if the patient has taken the RT- PCR test test before and is coming for a repeat test
- 3. Incomplete = View incomplete forms and update the pending field
- 4. Pending Synced— View the forms which are still pending to be synced
 - These forms will get synced to the system automatically when you are connected to the internet
- 5. View Forms— View the forms that have been completed and have been synced to the system

1. Ensure that the patient has a doctor's prescription





Ensuring doctor's prescription:-

As per the current guidelines, RT-PCR test requires a doctor's perception. Hence, before the sample is collected and you fill the form, please check that the patient has a doctor's prescription.

You will not be allowed to fill the form if the patient doesn't have a doctor's prescription

1. Add new patient: Personal details



Steps to enter individual details

- 1. Enter the name of the patient.
- After entering name, enter 10 digit mobile number of the patient (without prefixing 0)
 - Please try to ensure that the patient enters their own mobile number, not that of a relative or friend. Only in the case they don't have a mobile, allow them to enter the number of a close family member
- 3. Click on Get OTP
- 4. Enter the OTP received on mobile and click on confirm OTP
- 5. Click next to proceed

1. Personal Details (Contd..)



India 🔐

Mobile number

 Please be extremely sure about whether the patient is entering his own number or that of close family.

Steps to enter address

- 1. Enter the name of the village or town
- 2. Enter district
- 3. State will be auto populated based on your location

1. Personal Details (Contd..)



A new screen will appear, here enter

- 1. 6 digit Pin code
- 2. Age (in years or months for patients less 1 year)
- 3. Choose Gender Male, Female, Others
- 4. Nationality
 - In case patient is not Indian, Passport no. will be asked instead of Aadhaar
- In case patient hasn't downloaded "Aarogya Setu App", please urge patient to download.
 - 1. If he downloads and you verify, click "yes"
 - In case patient doesn't or can not download app click "no"

Note: All data fields are mandatory except Email id and Aadhaar

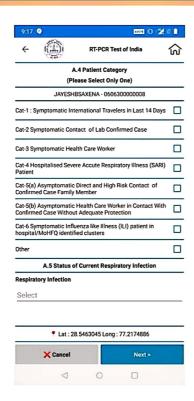
1. Specimen Information



Select one of the specimen information from the referring agency

For the sample selected, enter the sample id without which the system will not allow to proceed to the next section

1. Patient category



Select one of the given patient categories

Please select the most appropriate one.

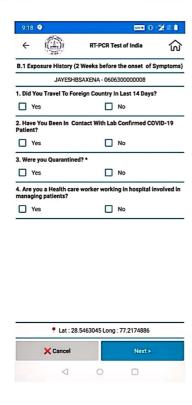
1. In case patient is falling in Cat -3 and Cat - 2, please select Cat -3

Please select "other" only if the patient doesn't fall in any other category

Under "Status of Current Respiratory Infection",

- 1. Select the current respiratory infection that the patient has
 - 1. SARI (Sever Acute Respiratory Infection)
 - 2. ILI (Influenza Like Illness)
- 2. Please select "NA (Not Applicable)" if the patient is not suffering from the above mentioned infections.

1. Exposure history



Selection based on exposure history

- 1. For travel to foreign country, if yes then enter place(s) of travel
- 2. For contact with patient, if yes then enter name of confirmed patient
- For quarantine, if "Yes" then enter place of quarantine (Home or Facility)
 - 1. This is a mandatory question.
- 4. After filling up the details, click on next to proceed

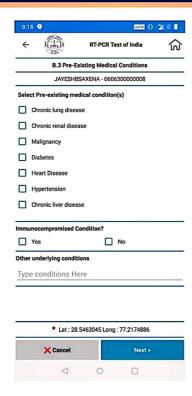
1. Clinical symptoms and signs



Steps to enter clinical symptoms

- 1. If "No" is selected, click next
 - Only CAT 5a and CAT 5b patients can have no symptoms
- 2. If "Yes" is selected, new menu options will appear to enter;
 - Select first symptom from given options (mandatory field)
 - Date of onset of symptom DD-MM-YYYY format
 - Select symptoms (multiple selection is allowed)
- After selecting symptoms, click next to proceed

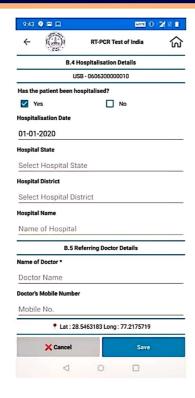
1. Pre-existing medical conditions



In this section, select pre existing medical conditions, multiple selections are allowed

Click next to proceed

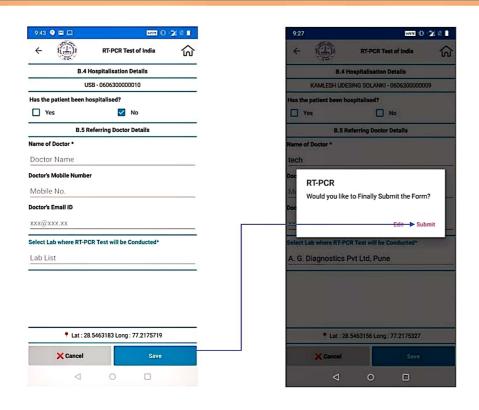
1. Hospitalization details



Steps to enter hospitalization details

- 1. If patient is hospitalized select "Yes and enter:
 - Hospitalization date (DD-MM-YYYY)
 - 2. State in which hospital is located
 - 3. District in which hospital is selected
 - 4. Name of the hospital

1. Referring doctor details and lab test name



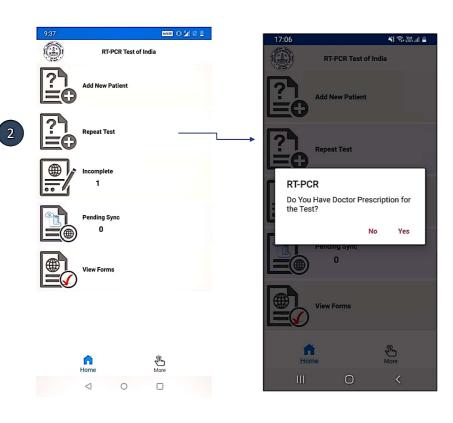
Steps to enter referring doctor details

- 1. Enter name of the doctor (mandatory field)
- 2. Doctor's mobile number
- 3. Doctor's email id

Select lab where RT-PCR Test will be conducted (mandatory)

After entering the details click "Save" and then "Submit"

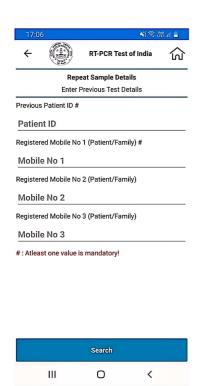
2. Repeat Test

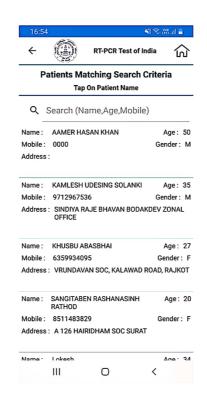


Steps to enter data for repeat test

1. As per the current guidelines, RT-PCR test requires a doctor's perception. Hence, before the sample is collected and you fill the form for repeat test, please check that the patient has a doctor's prescription

2. Enter previous test details and select patient

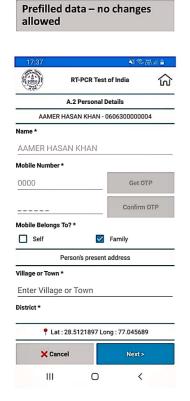


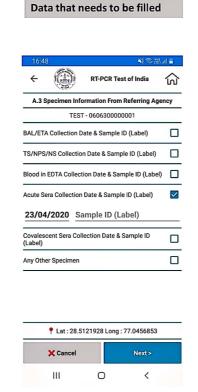


Steps to select patient for entering repeat test details

- Enter "previous patient id #" or Enter the "registered mobile number" belonging to patient/family
- 2. Click on search
- 3. A new window will appear with the list of patients matching the search criteria
- Tap on the patient name to continue or go back to enter the details again

2. Personal Details & Specimen Information





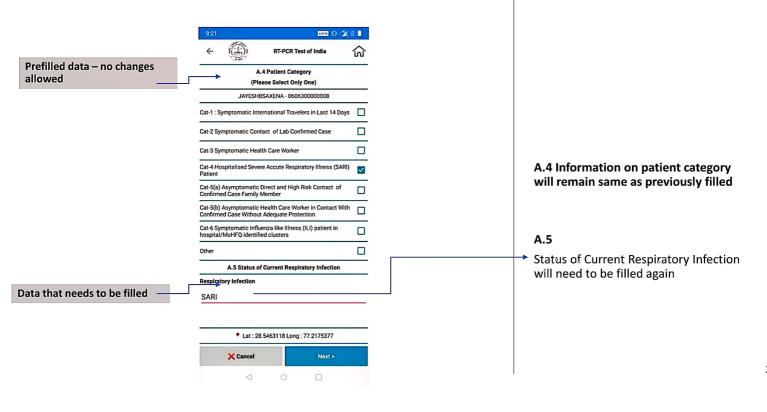
Personal details of the patient will be prefilled, select next to move to the next section

Specimen information (to be filled)

Select one of the specimen information from the referring agency

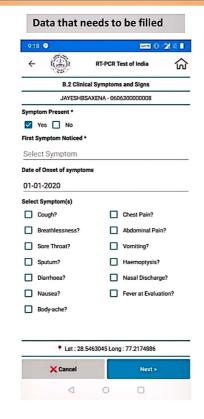
For the sample selected, enter the sample id without which the system will not allow to proceed to the next section

2. Patient category



2. Exposure history & Clinical symptoms





Exposure history

Section on exposure history will be prefilled and changes are not allowed in this section, press next to proceed to enter clinical symptoms

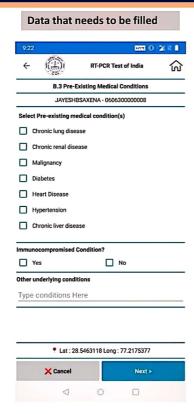
Clinical symptoms and signs (to be filled)

In case of any symptoms, select yes, then from the drop down menu select the first symptom and enter the date of onset of symptoms

Multiple selection of symptoms is possible

Click next to proceed

2. Pre-existing medical conditions



In this section, select pre existing medical conditions, multiple selections are allowed

Click next to proceed

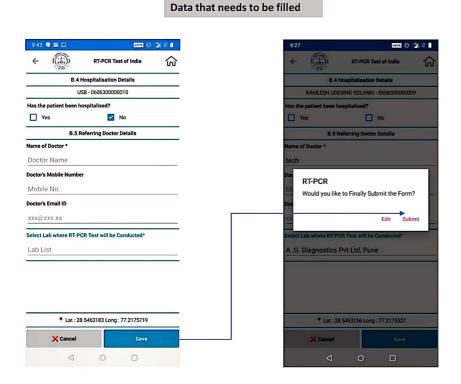
2. Hospitalization details



Steps to enter hospitalization details

- 1. If patient is hospitalized select "Yes and enter:
 - Hospitalization date (DD-MM-YYYY)
 - 2. State in which hospital is located
 - 3. District in which hospital is selected
 - 4. Name of the hospital

2. Referring doctor details and lab test name



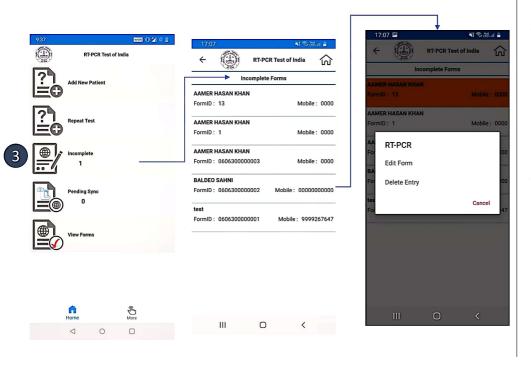
Steps to enter referring doctor details

- 1. Enter name of the doctor (mandatory field)
- 2. Doctor's mobile number
- 3. Doctor's email id

Select lab where RT-PCR Test will be conducted (mandatory)

After entering the details click "Save" and then "Submit"

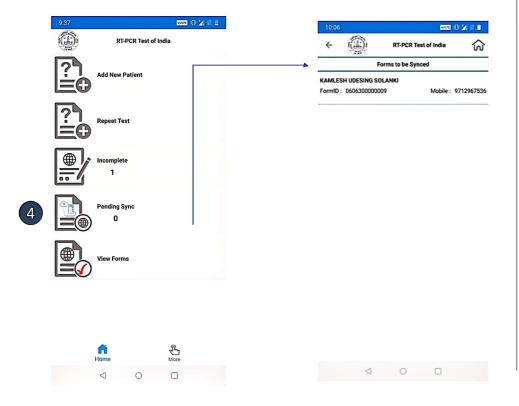
3. Incomplete Forms



Select incomplete forms

- 1. On the main screen, tap on incomplete forms
- A new screen will appear with all the incomplete forms - any form that is not submitted will appear in this section
- 3. Tap on the patient details to edit or delete the form
- Make sure to submit the form after editing the details

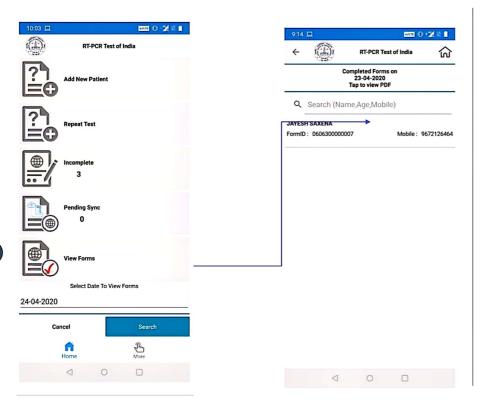
4. Pending Sync



Select pending sync

- 1. This will show you all the forms to are yet to be synced to the system
- 2. Connect to the internet and these forms will automatically be synced.

5. View Forms



Select view forms

Enter the date to view the synced forms of that particular day