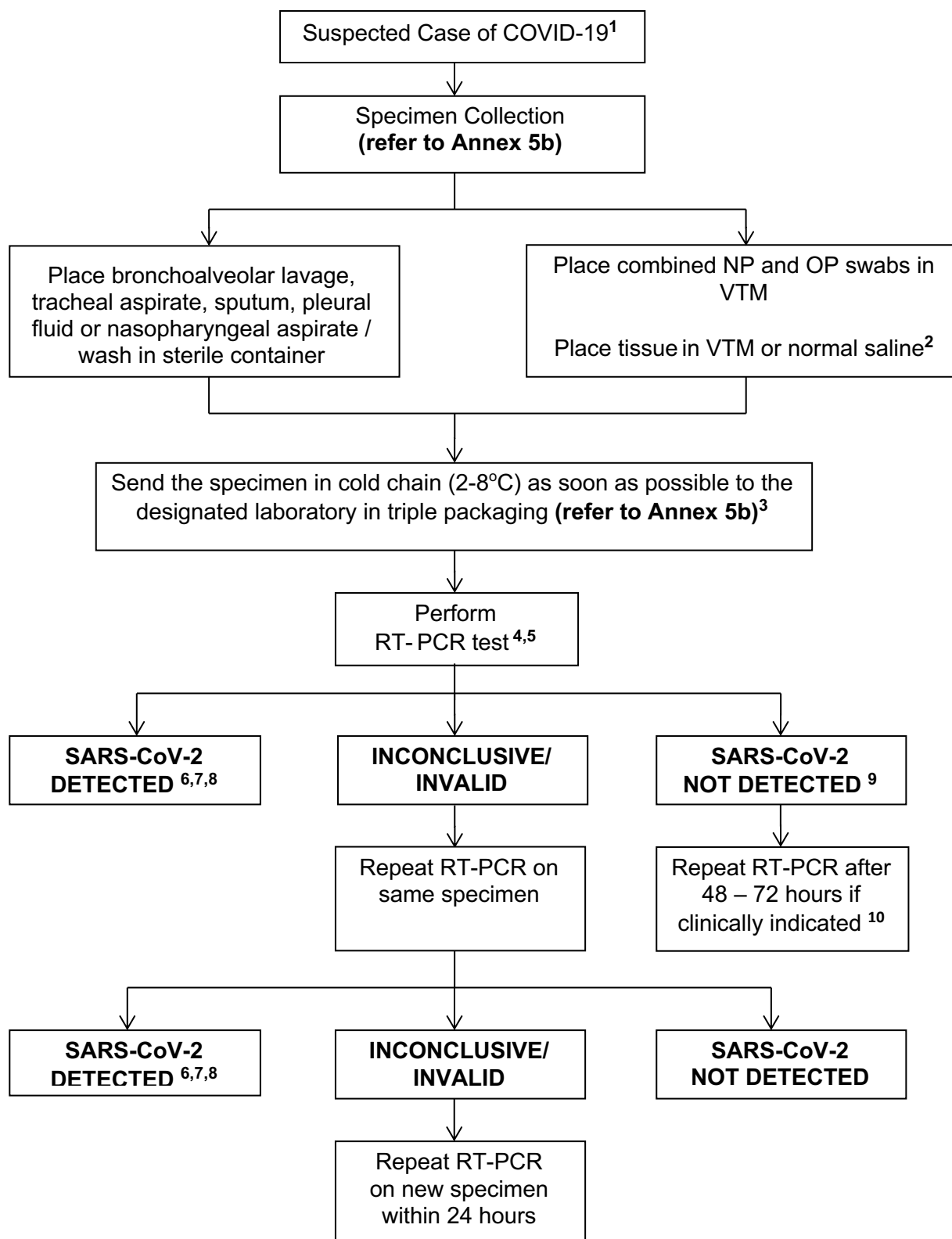


**Annex 5c. Flow Chart for Laboratory Diagnosis of SARS-CoV-2 in Suspected Case of COVID-19 Admitted to the Hospital**



- <sup>1</sup> Refer to Annex 1: Case definition of COVID-19 (Updated on 5 October 2020)
- <sup>2</sup> To send specimen to National Institute of Health (NIH)
- <sup>3</sup> If transportation of sample is within 72 hours, store at 2-8°C. If transportation of sample is after 72 hours, store at - 80°C
- <sup>4</sup> Use approved RT-PCR kit by MDA. The assay shall have 2 different targets on SARS-CoV-2 genome, of which at least one target confirmatory for SARS-CoV-2, following the recommendations and updates by WHO from time to time. A correlation study is needed if the assay has only one target gene. Follow manufacturer 's kit insert for procedure.
- <sup>5</sup> For rapid molecular testing and antigen testing, refer to Annex 5e: Laboratory protocol on COVID-19 for the health facilities, Ministry of Health, Malaysia and Annex 4c: Guideline on RTK-Ag Antigen testing
- <sup>6</sup> Positive result must be informed to Infectious Disease Physician and PKD (**Refer Annex 2b**)
- <sup>7</sup> Send serum from confirmed COVID-19 patient on D5-8 and on discharge to NIH
- <sup>8</sup> Send representative specimens with low Ct value (below 25) for full genome sequencing from any new clusters
- <sup>9</sup> Send 5 negative samples /month to NIH
- <sup>10</sup> Refer to Annex 2b: Management of suspected case admitted to ward

All results must be reported in SIMKA OUTBREAK