
Vawiin khan Falkawn damdawiinah Covid 19 damlo 1 leh rinhlelh mi 7 admit thar an ni. Nimin lama admit 4 leh admit thar 5-te sample hi test mekniin, result hiztuk lamah chhuak tura beisei a ni. Vawiina rinhlelh admit dang 2-te sample hi naktuk lamah test a ni ang.

Naktuk ni 8 June 2020 atang hian ZMC-a zirlai 1st Year-te chuan Internal Examination, Online Viva an nei tan dawn.

Nizan lamah Covid 19 damlo 10 hmuhcchhuah thar an ni a, Mamit ami 7, Lawngtlai ami 2 leh Aizawl ami 1 te an ni. Tun dinhmunah ZMC Covid 19 Laboratory ah positive 33 hmuhcchhuah an ni ta a ni. Damlothe hi ZMC ah 22 enkawl an ni a, Lunglei ah 2, Mamit ah 7 leh Lawngtlai ah 2 enkawl mek an ni. ZMC a damlo ICU-a awm mekin hma a sawn zel a, Ward-a awm damlothe pawhin harsatna em em an neilo. I tawngtaipui ang u.
**LLTF/VLTF-te hnena ngenna**

1. Insawiselna nei ZMC-a admit tur chuan Screening room 9436743459-ah phone hmasak a, Referral Form nen ngei pan theih hram nise. Referral Form format tur hi phek hnulgamah dah a ni.

2. Insawiselna (symptom) neilo, positive contact vang emaw chhan dang engemaw vanga test ngai te erawh chu an quarantine-na hmun theuhah sample la tura IDSP team phone tur a ni.

3. Quarantine Facility-a naupai awm zawng zawng chu emergency a sample test nghal vek tur a ni.

**DISTRICT HRANG HRANG SAMPLE COVID 19 LABORATORY A TEST DAN TUR**

<table>
<thead>
<tr>
<th>District</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aizawl</td>
<td>Tuesday, Thursday &amp; Sunday</td>
</tr>
<tr>
<td>Kolasib</td>
<td>Monday, Wednesday &amp; Saturday</td>
</tr>
<tr>
<td>Saitual</td>
<td>Monday &amp; Thursday</td>
</tr>
<tr>
<td>Siaha</td>
<td>Thursday &amp; Sunday</td>
</tr>
<tr>
<td>Champhai</td>
<td>Tuesday &amp; Friday</td>
</tr>
<tr>
<td>Mamit</td>
<td>Tuesday &amp; Saturday</td>
</tr>
<tr>
<td>Lunglei</td>
<td>Monday &amp; Friday</td>
</tr>
<tr>
<td>Lawngtlai</td>
<td>Monday &amp; Thursday</td>
</tr>
<tr>
<td>Khawzawl</td>
<td>Tuesday &amp; Friday</td>
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<tr>
<td>Serchhip</td>
<td>Wednesday &amp; Saturday</td>
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<tr>
<td>Hnahthial</td>
<td>Wednesday &amp; Sunday</td>
</tr>
</tbody>
</table>

Sample te a ni takah kan test theih nan a thawn ni tur in siamrem ve zel tur a ni e. District tin ten sample line list (excel sheet) chu covid19zmc@gmail.com ah thehluh zel tur a ni.

**Covid 19 lanchhuahna heng - Khawsik, Khuhro, Thawk lama harsatna nei, inentir duh, kalna nei silo Ambulance mamawh tan a hnuaiia number-ah hian biak theih a ni.**

102 (Toll Free)
0389-2318336/0389-2323336
ZORAM MEDICAL COLLEGE – STATE REFERRAL HOSPITAL, FALKAWN

COVID-19 SUSPECT/CONFIRMED REFERRAL FORM FOR PREGNANT WOMEN

Name: ...........................................  Apgar/Sev: ............................................
Address: .................................................................  Phone no.: ................................., Aadhaar Card No:

Date of Referral: ................................

Refer from: ......................................................... Quarantine Facility Centre/ LLTF
Number of days of quarantine: ........

Reason for referral (including H/O travel & present illness):

OBSTETRIC SCORE: Gravida........., Parity.......Abortion..........Living issue........
Obstetric History: LMP: .................................. Period of gestation (in weeks)..........................
ECD: ........................................
Any obstetric complication: HTN ( ), GDM ( ), TWINS ( ), Others:..........................
Previous delivery details: Normal delivery ( ) Instrumental delivery ( ) Cesarean Section ( )

Rapid Antibody Test:
Date of test:
Category:
Sample ID:
Kit Type:
IgM: Reactive / Non-reactive
IgG: Reactive/ Non-reactive

Other investigations:

Treatment given:

Refer to: ZMC-5RH, Falkawn
ZMC Team informed: YES/NO (ZMC Casualty Ph. No. - +91 9383212171, 9436743459)
Vehicle details: ..........................................................
Driver’s Name & Phone No: ..........................................................

Patient will be shifted back to ............................................Quarantine facility centre if tested negative for RT-PCR
and/or after getting appropriate treatment. Transportation will be provided by the concerned Magistrate.

Name of doctor:

Contact number:

Signature
ZORAM MEDICAL COLLEGE – STATE REFERRAL HOSPITAL, FALKAWN

COVID-19 SUSPECT / CONFIRMED REFERRAL FORM

Name: ................................................. Age/Sex: .................................................
Address: ................................................ Phone no: ................................................
Aadhaar Card No: .................................. Date of Referral: .................................

Refer from: .......................................................... Quarantine Facility Centre/ LLTF

Number of days of quarantine: ........

Reason for referral (including H/O travel & present illness): ..................................................

Rapid Antibody Test:
   Date of test: ...........................................
   Category: .................................................. Sample ID: ......................................
   Kit Type: .................................................. IgM: Reactive/ Non-reactive
   IgG: Reactive/ Non-reactive

Other Investigations:

Treatment given:

Refer to: ZMC-SRH, Falkawn
ZMC COVID TEAM informed: YES / NO (ZMC Casualty Ph. No. +91 9383212171, 9436743439)
Vehicle details: ...........................................
Driver’s Name & Phone No: .................................

Patient will be shifted back to .................................................. Quarantine facility centre if
tested negative for RT-PCR and does not need hospitalization in ZMC-SRH. Transportation will be
provided by the concerned Magistrate.

Name of doctor: ..................................................
Contact number: ..............................................
Signature: ..........................................................