



Dear Pharmacy Professional,

SAPC e-Note: COVID-19 RAPID TESTING AND REPORTING OF RESULTS TO THE NHLS

With the scourge of COVID-19 proving to be a constant and unpredictable reality, it is important that all hands remain on deck. Pharmacy professionals, as among the most accessible healthcare workers, are urged to ensure that they continue supporting the fight against the pathogen with all their might.

One way pharmacy professionals continue to pull their weight in this war is through making rapid antigen and antibody testing accessible to all people within the borders of our beautiful Country.

COVID-19 Antigen and Antibody Rapid Testing

We remind all pharmacy professionals to ensure that, at all times, the antigen and antibody test kits they are administering on patients are approved by the South African Health Products Regulatory Authority (SAHPRA). Lists of approved test kits can be found on the SAHPRA website (www.sahpra.org.za). A list of **authorised serological test kits** can be found at [this link](#) (as at 05/11/2020); while approved molecular test kits can be found in [this list](#) (as at 04/11/2020).

Tests should be conducted in line with SAHPRA’s guidance on the use of COVID-19 test kits found [here](#).

Reporting of point-of-care SARS-CoV-2 test results to NHLS

Pharmacy professionals who conduct both antigen and antibody testing for COVID-19 are required to report their test results to the Department of Health through the National Health Laboratory Service (NHLS). Pharmacists should use the NHLS COVID-19 Screening Application (CSA) portal (<https://csa.nhls.ac.za/>) to for the purpose of reporting.

To gain access to the NHLS CSA [download and fill in the Access Form \(click here\)](#) and submit via email to lis@nhls.ac.za.

An instruction manual on how to use this reporting application can be found [here](#)

For the purpose of reporting, following information should be collected when conducting tests. The information should be kept for a period of five (5) years.

Patient Details	Screening Questionnaire	Test Details
<ul style="list-style-type: none"> - Patient name and ID/passport number & date of birth - Contact details - Number of children in household - Number of elderly in household - Occupation - Next of kin 	<ul style="list-style-type: none"> - Symptom - Medication - Risk factors - Travel - Contacts - Previous positive result 	<ul style="list-style-type: none"> - Type of test - Lot number - Result

Yours sincerely,

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Registrar/CEO



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