

[COUNTRY] : Laboratory Investigation Form

1. Patient Information

1.1 Last Name _____
 1.2 First Name _____
 1.3 Patient ID _____
 1.4 Gender M F 1.5 Age _____ years months
 1.6 Date of Birth _____
 1.7 Street # # - _____
 City/Parish _____
 _____ County _____
 Postal Code _____ 1.8 Tel: _____

2. Referring Doctor

2.1 Name: _____
 2.2 Reporting Address: _____

 2.3 Tel: _____ Fax: _____

3. Provisional Diagnosis, Additional Notes¹

¹ information on risk factors, travel history, lab findings, etc.

4. Food/Animal/Environment Sample Details (if relevant)

4.1 Specimen ID _____
 4.2 Name of food/env sample _____
 4.3 Where specimen(s) collected _____
 4.4 Outbreak Traceback Survey

5. Case/Specimen Status

Single case Outbreak Survey Unknown

6. Date of Onset of Illness

7. Outcome

Hospitalized? Y N DK
 Died? Y N DK

8. Signs and Symptoms

Fever → Temp: _____ → Onset: _____
 Rash → Location: _____ → Onset: _____
 Pain → Location _____
 Hemorrhagic symptoms → describe _____
 Altered mental state Convulsions Jaundice
 Chills Coryza Neck stiffness
 Circulatory collapse Cough Lymphadenopathy
 Conjunctivitis Diarrhoea, Acute Kernig's sign
Chronic Conditions Diarrhoea, Chronic Paralysis
 Autoimmune disease Failure to thrive Respiratory, Upper
 Connective tissue disorder Genital discharge Respiratory, Lower
 Lymphoproliferative disor Genital lesions Vomiting
 Transplant recipient/donor Hepatomegaly Weakness of limbs
 Immunocompromised HIV +ve Weight loss
 Other → specify _____
 → ART Drug Info. _____

9. Syndromic Classification

AFP Fever & Rash
 Gastroenteritis Fever & Respiratory or
 Fever & Hemorrhagic Acute Respiratory Infection
 Fever (undifferentiated) Fever & Neurologic

10. Immunization History EPI No: _____

BCG: Y N dd mm yy MR: Y N dd mm yy
 DPT: Y N dd mm yy Polio: Y N dd mm yy
 HBV: Y N dd mm yy YF: Y N dd mm yy
 MMR: Y N dd mm yy Other†: Y N dd mm yy
 †specify _____

Physician / EHO Use	*Serum; EDTA blood; Blood smear; Sputum; CSF; Swab; Urine; Stool; Tissue; Plasma (PPT); Food; Water; Animal; Environment; if other specify				
		Specimen 1	Specimen 2	Specimen 3	
	11	Type of Specimen			
	12	Date Specimen Collected			
13	Lab Test(s) Requested				
Laboratory Use	14	Date Received at Nat Lab			
	15	Nat Lab Specimen ID			
	16	Test(s) Performed			
	17	Date(s) Tested			
	18	Laboratory diagnosis			
	19	Date Referred to CARPHA			
20	Name of Testing Lab				

21 Approved by (Testing. Lab): _____ Date: _____

²²CARPHA USE: Specimen ID (1) _____ (2) _____ (3)
