REGIONAL VIROLOGY LABORATORY, AIIMS, BHOPAL
DHR-ICMR Virus Research and Diagnostic Laboratory Network

To be filled only for Patients/samples from *Outbreak

*(samples sent by PHC/CHC/Dist. Health authorities and investigated by VRDL for confirmation of Outbreak/disease cluster)

A. Patient Information (to be filled by VRDL)				
1. Patient name			**2. S/o D/o W/o**	
3. Age in completed years :		***For Infants*** ***months***	***days***	**4. Sex :** *Male* ☐ *Female* ☐
5. Patient Address:	**Village/Town :**	**Sub Centre :**		**PHC/CHC :**
	District :	**Pin Code :**		
Contact details of the official referring the samples from outbreak:	**Name:**			**Ph:**

6. Outbreak Number *(issued by VRDL)* ☐ ☐	7. Date of sample collection : ☐☐/☐☐/☐☐☐☐
8. Date of Onset of symptoms: ☐☐/☐☐/☐☐☐☐	9. Total number of patients from whom samples are collected:
	10. Patient Number within the outbreak :

11. Which of the following best describe the clinical presentation? (*Tick most appropriate option*)

a. Fever with rash (suspected measles/rubella)	☐	*b. Fever with rash, arthralgia (suspected dengue)*	☐
c. Fever with arthralgia (suspected Chikungunya)	☐	*d. Fever with respiratory symptoms (suspected influenza)*	☐
e. Fever with jaundice (suspected HAV/HEV)	☐	*f. Fever with neurological symptoms (suspected JE)*	☐
g. Fever with hemorrhagic manifestations	☐	*h. Acute diarrhoeal disease*	☐
i. Conjunctivitis	☐	*j. Gastroenteritis (probably food borne)*	☐
k. Acute flaccid paralysis	☐	*l. Others (Specify)*	☐
12. Provisional diagnosis :	☐	13. Investigations Requested :	☐

B. Details of Sample Collection (Tick all that apply)									
Type of samples	Blood-Plasma(P)	Blood-Serum(S)	CSF(C)	NP Swab (N)	Throat swab (T)	Rectal swab (R)	Faeces (F)	Urine (U)	Others (specify) (O)
Tick (√) for the samples collected									
Date of collection									

ONLY FOR LABORATORY USE

C. Laboratory Results					
Sl. No.	**Virus** *JE / Dengue / Chik / Rota / Measles…….*	**Date of Testing** (DD/MM/YYYY)	**Sample Type** *Plasma / Serum / CSF / NP Swab / Throat swab / Rectal swap / Faeces / Urine……*	**Test done** *IgM / IgG / PCR / RTPCR / IFA / NT / HA / HI / Antigen detection / Virus isolation…….*	**Result** *Positive (+ ve) Negative (- ve) Equivocal*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Sample sent to higher lab for further investigations	Yes	No

Name of the Technician :

Name of the lab in-charge :

Date :