

**NATIONAL INSTITUTE OF VIROLOGY-KERALA UNIT**  
**INDIAN COUNCIL OF MEDICAL RESEARCH**  
**DEPARTMENT OF HEALTH RESEARCH, MOF & HW**  
**CLINICAL DATA SHEET FOR VIROLOGICAL INVESTIGATION**



**Patient Details\***

Name: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Age: \_\_\_\_\_ years \_\_\_\_\_ months  
 Address: \_\_\_\_\_  
 House name/No.: \_\_\_\_\_  
 Ward: \_\_\_\_\_ Panchayat: \_\_\_\_\_  
 Town: \_\_\_\_\_ District: \_\_\_\_\_  
 Ph No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Hospital Details**

Hospital : \_\_\_\_\_  
 OP No.: \_\_\_\_\_ IP No.: \_\_\_\_\_  
 Date of Admission: \_\_\_\_\_  
 Postmortem: No / Yes (if Yes) Date: \_\_\_\_\_  
 Date of onset of illness\*: \_\_\_\_\_  
 Date of Sample collection: \_\_\_\_\_

**Fever\***

Date of Onset: \_\_\_\_\_ Number of days: \_\_\_\_\_ Chills:  Rigors:  Headache:  Fatigue:  Myalgia:  Arthralgia:   
 Conjunctivitis:  Parotitis:  Myocarditis:  Lymphadenopathy:  Genralized:  Localized:  Site: \_\_\_\_\_

**Please choose relevant symptoms from below**

**Rash**

Generalized:  Localized:  (Site: \_\_\_\_\_) Maculopapular:  Pustule:  Vesicle:  Papule:  Macule:

**Respiratory Symptoms**

Running Nose:  Sore throat:  Cough:  Coryza:  ARDS:  Breathlessness:  Pleural Effusion:

**Gasterointestinal**

Vomiting:  Diarrhea:  Bloody/Mucoid:  Abdominal pain:  Jaundice:  Hepatomegaly:  Splenomegaly:

**Hamorrhagic Disease**

Cutaneous: Yes/No Petechiae:  Ecchymosis:  Puncture site:  Internal bleeding Yes/No site: \_\_\_\_\_

Shock syndrome:  Pheripheral smear: \_\_\_\_\_ Bone marrow findings: \_\_\_\_\_

**Neurological Symptoms**

Altered Sensorium:  Increased Somnolence:  Irritability:  Neck rigidity:  Coma:  Confusion:

Abnormal Behaviour:  Paralysis:  Increased Irritability:  Neurological deficit:

Seizures:  Date of onset: \_\_\_\_\_ New onset: Yes/No Febrile seizures: Yes/No Duration: \_\_\_\_\_ min Recovery within: \_\_\_\_\_ min

Others: \_\_\_\_\_

**Renal Symptoms**

UTI:  Hamaturia:  ARF:  Anuria:  History of Renal transplant: \_\_\_\_\_

**History**

**Co-morbidities:** Diabetes:  Hypertension:  Cardiac:  Renal:  Immunocompromised:  Autoimmune disorder:

**Travel history:** Country/Place visited in last 15 days: Place: \_\_\_\_\_ Country: \_\_\_\_\_ Dep. Date: \_\_\_\_\_ Arr. Date: \_\_\_\_\_

**Contact with similar cases** Yes / No if yes nature of contact \_\_\_\_\_ Days: \_\_\_\_\_

**Contact with Animals/Birds:** Yes/No (Animal's/Bird's name: \_\_\_\_\_)

**Vaccination status:** JE:  Measles:  Rubella:  Hepatitis A:  Others: \_\_\_\_\_

Is antiviral treatment started?: Yes / No if yes date of the treatment started: \_\_\_\_\_

**Laboratory Results\***

**Blood:** TC \_\_\_\_\_ DC \_\_\_\_\_ Platelet: \_\_\_\_\_ HB: \_\_\_\_\_ ESR: \_\_\_\_\_ BUN: \_\_\_\_\_ Serum Creatinine: \_\_\_\_\_

**Jaundice:** Bilirubin total / direct: \_\_\_\_\_ SGPT: \_\_\_\_\_ SGOT: \_\_\_\_\_ ALP: \_\_\_\_\_

**Urine Routine:** \_\_\_\_\_

**CSF:** Cell count: \_\_\_\_\_ Pleocytosis (>5 cells) Yes/No TC: \_\_\_\_\_ DC: \_\_\_\_\_ Protein: \_\_\_\_\_ Sugar: \_\_\_\_\_ RBS: \_\_\_\_\_

**X-Ray:** \_\_\_\_\_ **CT/MRI:** \_\_\_\_\_

**Diagnosis**

Provisional Diagnosis: \_\_\_\_\_

Differential Diagnosis: \_\_\_\_\_

Virus do you suspect: \_\_\_\_\_

**Sample type**

Throat swab:  Nasao-Pharyngeal swab:  CSF:  Saliva:  Blood (plain):  Blood (EDTA):  serum:  urine:   
 stool:  Rectal swab:  Vesicle fluid:  skin scraping:  Pleural fluid:  ET aspirate:  Tissues:  Others: \_\_\_\_\_

**Clinician Details**

Name of the Clinician: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Seal

**\* These fields must be filled otherwise samples will not be accepted**

