

## NATIONAL INSTITUTE OF VIROLOGY-KERALA UNIT INDIAN COUNCIL OF MEDICAL RESEARH

DEPARTMENT OF HEALTH RESEARCH, MOF &HW



## CLINICAL DATA SHEET FOR VIROLOGICAL INVESTIGATION

Patient Details*	Hospital Details									
Name:	Hospital :									
Sex: years months	OP No.: IP No.:									
Address:										
House name/No.:	Date of Admission:									
Ward: Panchayat:	Postmortem: No / Yes (if Yes) Date:									
Town: District:	Date of onset of illness*:									
Ph No.:	Date of Sample collection:									
Email:	Date of Sample concenten.									
Fever*										
Date of Onset: Number of days: Chills: □ Rigors: □ Headache: □ Fatigue: □ Myalgia: □ Arthralgia: □ Conjunctivitis: □ Parotitis: □ Myocarditis: □ Lymphadenopathy: □ Genralized: □ Localized: □ Site:										
Conjunctivitis:   Parotitis:   Myocarditis:   Lympnadenopatny:   Genralized:   Conjunctivitis:   Please choose relevant symptoms from below										
Rash										
Generalized: ☐ Localized: ☐ (Site:) Maculopapular: ☐ Pustule: ☐ Vesicle: ☐ Papule: ☐ Macule: ☐  Respiratory Symptoms										
Respiratory Symptoms  Running Nose:  Sore throat:  Cough:  Coryza:  ARDS:  Breathlessness:  Pleural Effusion:										
Gasterointestinal										
Vomiting: □ Diarrhea: □ Bloody/Mucoid: □ Abdominal pain: □ Jaundice: □ Hepatomegaly: □ Splenomegaly: □ Hamorrhageic Disease										
Cutaneous: Yes/No Petechiae:   Ecchymosis:   Runcture site:   Internal bleeding Yes/No site:										
Shock syndrome: Pheripheral smear: Neurologica	Bone marrow findings:									
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 S	ymptoms									
UTI: ☐ Hamaturia: ☐ ARF: ☐ Anuria: ☐ History of										
	tory									
Co-morbidities: Diabetes: ☐ Hypertension: ☐ Cardiac: ☐ Travel history: Country/Place visited in last 15 days: Place: ☐ Contact with similar cases Yes / No if yes nature of contact Contact with Animals/Birds: Yes/No (Animal's/Bird's name: ☐ Vaccination status: JE: ☐ Measles: ☐ Rubella: ☐ He Is antiviral treatment started?: Yes / No if yes date of the treatment.	Country: Dep. Date: Arr. Date: Days:  patitis A:  Others: ent started:									
	ry Results*  ESP. BUN. Serum Creatinine:									
Blood: TC DC Platelet: HB:  Jaundice: Bilirubin total / direct: SGPT:  Urine Routine:	SGOT: SCIUM Creatinine									
CSF: Cell count: Pleocytosis (>5 cells) Yes/No TC:	DC: Protein: Sugar: RBS:									
X-Ray:	CT/MRI:									
Provisional Diagnosis:										
Differential Diagnosis:										
Virus do you suspect:Sample type										
Throat swab:□ Nasao-Pharyngeal swab:□ CSF:□ Saliva stool:□ Rectal swab:□ Vesicle fluid:□ skin scraping:□ P	□ Blood (plain):□ Blood (EDTA):□ serum:□ urine:□ leural fluid:□ ET aspirate:□ Tissues:□ Others:									
Name of the Clinician:	m Details  Mobile No.:									
Email: Signature:	Date: Seal									

			Labo	orato	ory Purp	ose				
		1			7					
Sr. No.	Types of samples	Quality (Remarks)	Quantity (µL)	V	irus -	ELISA	Con. PCR	Real Rime PCR	Antigen Detection	Storage Location
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			1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			1 1		
			Spec	ime	n Collec	tion				7.8
1	The specimens should detection (PCR tests &	& virus isolatio	s early as post or n), 3 to 15 days f	nset of for anti	illness [with body detect	nin 7 days ion (ELIS	A)]			
2	Cold chain (4°C) shows samples (sterile) to be			porting	samples to	the labor	atory. Trip	le layer pac	king is mus	
	Blood Blood Plain (EDTA)	4 105 1 2 1	CSF Throat (in VT	TM)	Urine 10-15 ml	Saliva 0.5-1 m	swab	pharengeal (in VTM)	Oral fluid 1-2ml	Tissues (in VTM) 2-5gm
	3-5 ml 3-5 ml	2-3 ml   0.5	-1 ml 3-5m	;	10-13 IIII	0.5-1 III				ort Medium
3	If you could not transp	nort the sample	s immediately a	fter co	llection plea	se refrige	rate (2°C-8	8°C) the sam	ples.	
4	The request form sho Sample without these	uld be complet	ed. Patient detai							ist to be filled.
5	Please fill the relevantests.	t symptoms, la	boratory results.	, histor	y and provi	sional diag	gnosis, wh	ich will enal	ble us to ass	ign the proper
6	For serum neutralizat 15 days after the first		send paired sam	ples o	ne collected	during the	e acute pha	ase of illness	and second	l sample at 10-
				CON	ISENT			8	113	
clinic objec	explained and have un cal presentation, it may ction for this, as my ide ent, I will not be denied	y be investigatentity will be k	f the sample is for ted for another of tept confidential	ound ne	egative for the	al interest	and in fu	iture for res	earch purp	ose. I have no
	nt/Guardian's signatur					ctor's sign				
Name	e:					-				
Mobi	le no.:									
				ont-	ct Detai					
		NATIO	NAL INSTITU				PATA IIN	ЛТ		
	21		E-BLOCK, GO							
	-		DANAM, ALA							
			H. 04772280100 nivkeralaunit@							x . x
Same	oles Received by:		10 (de . 4) Sat 13 . 4					By hand / C	Courier / Tra	ain / Bus
7	ived on Date:		me:							

Sample receiving time: 8.30 am to 6.00 pm, Saturday & Sunday Holiday