

## ICMR - NATIONAL INSTITUTE OF VIROLOGY PUNE

## Guillain-Barre Syndrome (GBS)

## Specimen Referral Form

## Patient Identification

**Case Type:** Sporadic Case / Unusual Case / Case Cluster / Outbreak/ \_\_\_\_\_ **Case-Patient ID:** \_\_\_\_\_

**Full name** (First): \_\_\_\_\_ (Middle): \_\_\_\_\_ (Surname): \_\_\_\_\_

**Age:** \_\_\_\_\_ years **Gender:** Male/ Female Residential address: \_\_\_\_\_

**State:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Contact Phone/Mobile:** \_\_\_\_\_

## Present Illness Details

**First symptom** \_\_\_\_\_ **Date of onset** \_\_\_ / \_\_\_ / \_\_\_ **Date of admission** \_\_\_ / \_\_\_ / \_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Progressive weakness/ fatigue/ paresis of limbs   | <input type="checkbox"/> Involvement of two or more limbs               |
| <input type="checkbox"/> Cranial nerve involvements / deficits             | <input type="checkbox"/> Altered sensorium / drowsiness/ seizures       |
| <input type="checkbox"/> Diarrhea / loose stool / bloody stool             | <input type="checkbox"/> Fever / feverish / chills / rigors / malaise   |
| <input type="checkbox"/> Nausea/ anorexia / loss of appetite               | <input type="checkbox"/> Muscle pain/ myalgia/ myopathy/ bodyache       |
| <input type="checkbox"/> Vomiting  | <input type="checkbox"/> Joint pain/ arthralgia / arthropathy arthritis |
| <input type="checkbox"/> Abdominal pain/ stomachache/ stomach cramps       | <input type="checkbox"/> Rash/ other skin eruptions / lesions           |
| <input type="checkbox"/> Cough / runny nose / blocked nose /               | <input type="checkbox"/> Jaundice / Icterus                             |
| <input type="checkbox"/> Throat pain / sore throat / swallowing difficulty | <input type="checkbox"/> Other; specify _____                           |

**Type of GBS case:** Suspected / Confirmed / Other \_\_\_\_\_

**Variant/s of GBS:** AMAN / AMSAN / AIDP/ A-CIDP/ MFS / Other \_\_\_\_\_

**Current status:** Admitted in – Ward / ICU/ PICU/ On ventilation/ \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**Treatment:** on Plasmapheresis/ IV-Ig treatment / Steroids / Neither / Other \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

## Clinical Illness (Antecedent illness &amp; events before GBS features)

**Antecedent illness in the last 6 weeks** – No / YES; Duration of illness \_\_\_ days Place of illness \_\_\_\_\_

Acute Gastrointestinal illness  Acute Respiratory illness  Acute febrile illness  Other \_\_\_\_\_

**Date of onset** - \_\_\_ / \_\_\_ / \_\_\_ **Date of doctor consultation** \_\_\_ / \_\_\_ / \_\_\_ **Date of hospital admission** \_\_\_ / \_\_\_ / \_\_\_

**Comorbidities** No/ Yes, Details (name/s) \_\_\_\_\_, Any continuing medicines \_\_\_\_\_

**Autoimmune disease/s** No/ Yes; if yes, specify disease \_\_\_\_\_, drugs \_\_\_\_\_

**Immunocompromised or immunosuppressive therapy** No/ Yes; if yes, specify \_\_\_\_\_

**Travel history** - The place/s visited in the last 6 weeks \_\_\_\_\_ Duration \_\_\_ days Date \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

**Consumption of food outside** – No/ YES If Yes, Food type \_\_\_\_\_ Stall / Place/s \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

**Attendance at mass events** - No/ YES If Yes, details Food type \_\_\_\_\_ Place/s \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

**Vaccination in the last 2 months** - No/ YES If yes, name of vaccine/s \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

**Family member with illness** - No/ Yes, Symptom/s \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

## Details of referring physician/Hospital

**Specimens:** Blood / CSF / Urine / Stool / Throat swab / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_

**Physician:** \_\_\_\_\_ **Hospital:** \_\_\_\_\_ **Lab Lead:** \_\_\_\_\_

**Contact Number/Mobile:** \_\_\_\_\_ **E-mail ID** for reporting: \_\_\_\_\_

**Virus/es or other pathogens suspected:** \_\_\_\_\_ Any other information/request: \_\_\_\_\_

*Please share the filled SRF and discuss it with the Diagnostic Virology Group Lab Coordinator before dispatch.*