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*

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: ☐

Hamorrhageic 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**

Laboratory Purpose

Sr. No.	Types of samples	Quality (Remarks)	Quantity (µL)	Laboratory Tests					Storage Location
				Virus	ELISA	Con. PCR	Real Rime PCR	Antigen Detection	

Specimen Collection

1 The specimens should be collected as early as post onset of illness [within 7 days post onset of illness for antigen and nucleic acid detection (PCR tests & virus isolation), 3 to 15 days for antibody detection (ELISA)]

2 Cold chain (4°C) should be maintained while transporting samples to the laboratory. Triple layer packing is must. Quantity of samples (sterile) to be sent (minimum) as follows :

Blood Plain	Blood (EDTA)	Serum	CSF	Throat swab (in VTM)	Urine	Saliva	Naso-pharengeal swab (in VTM)	Oral fluid	Tissues (in VTM)
3-5 ml	3-5 ml	2-3 ml	0.5-1 ml	3-5ml in	10-15 ml	0.5-1 ml	3-5 ml	1-2ml	2-5gm

VTM: Viral Transport Medium

3 If you could not transport the samples immediately after collection please refrigerate (2°C-8°C) the samples.

4 The request form should be completed. Patient details, date of onset of illness, fever details, contact details are must to be filled. Sample without these information will be rejected.

5 Please fill the relevant symptoms, laboratory results, history and provisional diagnosis, which will enable us to assign the proper tests.

6 For serum neutralization test, please send paired samples one collected during the acute phase of illness and second sample at 10-15 days after the first sample.

CONSENT

I was explained and have understood that if the sample is found negative for the disease for which it is being tested, based on history and clinical presentation, it may be investigated for another disease, in National interest and in future for research purpose. I have no objection for this, as my identity will be kept confidential. I willingly consent for collection of my sample. I know that if I refuse to consent, I will not be denied any medical aid.

Patient/Guardian's signature/Thumb impression

Name: _____

Mobile no.: _____

Doctor's signature

Name: _____

Designation: _____

Mobile no.: _____

Contact Details

NATIONAL INSTITUTE OF VIROLOGY-KERALA UNIT

MAKKI JUNCTION, KURAVANTHODU,
ALAPPUZHA, KERALA, PIN:688005

OFF. PH. 04772280100, 2280300, 2970004, Fax: 04772280100

EMAIL: nivkeralaunit@gmail.com, oicnivkeralaunit@gmail.com

Samples Received by: _____

Mode of Transport: By hand / Courier / Train / Bus

Received on Date: _____ Time: _____

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