ICMR-NATIONAL INSTITUTE OF VIROLOGY, PUNE

(20-A Dr. Babasaheb Ambedkar Road, Post Box No. 11, Pune-411001, India.)

Case Reporting Form (CRF) for *Hand Foot and Mouth Disease (HFMD)*

Name of the Patient :	Age/Sex :
Address : Place : District : State: Phone No. :	
Date of Admission :	Date of onset of illness :
IP/ OP No. :	
Name of Hospital & Contact details :	

Clinical Information on Admission

Signs & Symptoms

Fever : ^{0}C

Rashes on

hand ☐ Foot ☐ Buttock ☐

Mouth Ulceration ☐

Nail shedding / Nail matrix arrest

Neurological complications

Treatment Given :

Laboratory Investigation :

Details of Specimens

Specimen	Date of Collection	Date of Receipt in the lab
Blood/Serum		
Stool		
Vesicular swab/fluid		
Throat Swab		

Note: All specimens after proper Labeling should be packed in plastic bags and transported to the laboratory on wet ice / ice packs in vaccine carriers. Completely filled case reporting form is essential for processing and giving result for any specimen. The specimen along with duly filled CRF should be sent to:

The Director, ICMR-National Institute of Virology**,** 20-A Dr. Babasaheb Ambedkar Road, Post Box No. 11, Pune-411001, India