REGIONAL VIROLOGY LABORATORY, AIIMS BHOPAL
DHR-ICMR Virus Research and Diagnostic Laboratory Network

A. Sample Source

1. Tick whichever is appropriate:
Outbreak / disease cluster (Referred by Public Health Authorities)
Outbreak / disease cluster (investigated by VRDL) ……
Medical College/ Referral Hospital/Self-referred……

Outbreak: Investigation Date: ……/……. /……
Patient Visit Date (OP) / Admission Date (IP): ……/……. /……
Date of sample collection (*DD/MM/YY*): ……/……. /……
Sample Type: Serum□ Blood□ CSF□ Urine□ NP/OP Swab□ … … … … … … … .

B. Patient Information

2. Patient Name		**3. S/o D/o W/o**	
4. Age in Completed Years: **for Infants Months:** **Days:**		**5. Contact No.:**	
6. Sex: *Male* □ *Female* □ *Transgender* □	**7. Locality:** Rural □ Urban □ Sub-urban □		
8.Permanent Address	**House No. /locality**	**Village/Town:**	
	Taluk/Tehsil:	**District:**	**Pin Code:**
9. Patient	*a. In-patient* □ *b. Out-patient* □ *c. Self-referred* □	**10. Hospital OP/IP Number:**	
11. Name of Clinician:		**12. Clinician's Contact number:**	
13. Referral Hospital Name:		**14. Department:**	

C. Clinical Details

15. Date of onset of illness ->	**16. Duration of illness (in days) ->**	**17. Condition: Stable □ Critical □**

18. Syndromes……

19. Associated Signs & Symptoms **(Tick all that apply)**

1. □ Fever	9. □ Headache	17. □ Irritability	25. □ Discharge
2. □ Rash ……	10. □ Diarrhoea	18. □ Dysentery	26. □ Retro-orbital pain
3. □ Cough	11. □ Jaundice	19. □ Leukopenia	27. □ Rhinorrhoea
4. □ Nausea	12. □ Chills	20. □ Malaise	28. □ Rigors
5. □ Sore throat	13. □ Abdominal pain/discomfort	21. □ Myalgia	29. □ Dark urine
6. □ Breathlessness	14. □ Haemorrhagic manifestations	22. □ Arthralgia	30. □ Altered sensorium
7. □ Chest Pain	15. □ Change in mental status	23. □ Neck rigidity	31. □ Hepatomegaly
8. □ Sputum	16. □ Vomiting	24. □ New onset of Seizures	33. □ Any localizing symptom

33 □ Others (Specify) ->

D. Epidemiological Details

20.Presence of similarcase in the house **Yes** ☐ **No** ☐ 21. Presence of similar case/s in thevillage/locality **Yes** ☐ **No**☐
22.History of travel in last 10 days **If *yes*, place visited:** ……

E. Investigations Requested Please Tick (√) In box (☐)

Serology Test		**Molecular Panel Test**
☐Japanese encephalitis Virus (IgM ELISA)	☐Mumps Virus (IgM ELISA)	☐ **Viral Respiratory Panel** (RT-PCR) (Influenza A & B Virus, Respiratory Syncytial Virus, Metapneumovirus, Parainfluenza Virus, Respiratory Adenoviruses, Enterovirus)
☐Dengue Virus (IgM ELISA)	☐Rotavirus (Rota Ag ELISA)	
☐Dengue Virus (NS1 Ag ELISA)	☐Epstein-Barr virus (IgM ELISA)	
☐Chikungunya Virus (IgM ELISA)	☐Cytomegalovirus (IgM ELISA)	☐ **Viral Gastroenteritis Panel** (RT-PCR) (Rotavirus, Enterovirus, Adenovirus, Norovirus, Astrovirus, Sapovirus)
☐Hepatitis A Virus (IgM ELISA)	☐Varicella Zoster Virus (IgM ELISA)	
☐Hepatitis B Virus (HBsAg ELISA)	☐West Nile Virus (IgM ELISA)	
☐Hepatitis C Virus (Anti-HCV ELISA)	☐Human Parvovirus (IgM ELISA)	**Lab Use Only**
☐Hepatitis D Virus (Anti-HDV ELISA)	☐Scrub Typhus (IgM ELISA)	
☐Hepatitis E Virus (IgM ELISA)	☐Other……	
☐Measles Virus (IgM ELISA)		
☐Rubella Virus (IgM ELISA)		

Molecular Test

☐Covid-19 Virus (RT- PCR)	☐Herpes Simplex Virus (PCR)	☐Hepatitis B Virus (Quantitative RT- PCR)
☐Influenza A & B Virus (RT- PCR)	☐Measles Virus (PCR)	☐Hepatitis C Virus (Quantitative RT- PCR)
☐Hepatitis E Virus (RT- PCR)	☐Rubella Virus (PCR)	☐Cytomegalovirus (Quantitative RT- PCR)
☐Zika virus (RT- PCR)	☐ Varicella Zoster Virus (PCR)	☐Other……

Name of the Person Filling Form: **Signature of Person Filling Form:**
Signature of Clinician's

F. Sample identification (To be filled by VRDL)

VRDL ID Date and Time of Sample Receiving Sample Received By

Brief Clinical History