

# Arbovirus laboratory request form for use with filter-paper discs

(page 1)

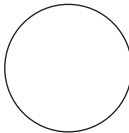
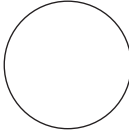
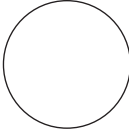
Name of patient \_\_\_\_\_ Hospital No. \_\_\_\_\_ Address \_\_\_\_\_ Hospital \_\_\_\_\_ Age \_\_\_\_\_  
 Sex \_\_\_\_\_ Physician \_\_\_\_\_ Date of admission \_\_\_\_\_ Admission complaint \_\_\_\_\_ Date of onset \_\_\_\_\_

- Clinical findings:** 1. Fever \_\_\_\_\_ °C (max). Duration \_\_\_\_\_ days  
 2. Tourniquet test \_\_\_\_\_ Petechiae \_\_\_\_\_ Epistaxis \_\_\_\_\_ Haematemesis/melaena \_\_\_\_\_  
 Other bleeding (describe) \_\_\_\_\_  
 3. Hepatomegaly \_\_\_\_\_ (cm at right costal margin). Tenderness \_\_\_\_\_  
 4. Shock \_\_\_\_\_ Blood pressure \_\_\_\_\_ mmHg or kPa. Pulse \_\_\_\_\_ /min.  
 Restlessness/Lethargy \_\_\_\_\_ Cold extremities/body \_\_\_\_\_

### Clinical laboratory findings:

Platelets (thousands) \_\_\_\_\_ /mm<sup>3</sup> (on \_\_\_\_\_ day of illness).  
 Haematocrit (erythrocyte volume fraction) \_\_\_\_\_ (max) \_\_\_\_\_ (min)

### Blood specimens

(Acute)		
Hospital admission	Hospital discharge	Convalescent
Date _____	Date _____	Date _____
		

*Instructions:* Fill out information requested and clinical findings on both pages. Saturate filter-paper discs completely, dry them and clip them on the form. Obtain admission and discharge specimens from all patients. If patient does not return for convalescent sample, mail within 1 week of discharge.

## ANNEX 5 (continued)

## Arbovirus laboratory reporting form for use with filter-paper discs

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To: Physician \_\_\_\_\_ Hospital \_\_\_\_\_ Address \_\_\_\_\_ Patient \_\_\_\_\_ Hospital No. \_\_\_\_\_  
 Date \_\_\_\_\_

- Clinical findings:** 1. Fever \_\_\_\_\_°C (max). Duration \_\_\_\_\_ days  
 2. Tourniquet test \_\_\_\_\_ Petechiae \_\_\_\_\_ Epistaxis \_\_\_\_\_ Haematemesis/melaena \_\_\_\_\_  
 Other bleeding (describe) \_\_\_\_\_  
 3. Hepatomegaly \_\_\_\_\_ (cm at right costal margin). Tenderness \_\_\_\_\_  
 4. Shock \_\_\_\_\_ Blood pressure \_\_\_\_\_ mmHg or kPa. Pulse \_\_\_\_\_/min.  
 Restlessness/Lethargy \_\_\_\_\_ Cold extremities/body \_\_\_\_\_

**Clinical laboratory findings:**

Platelets (thousands) \_\_\_\_\_ /mm<sup>3</sup> (on \_\_\_\_\_ day of illness).  
 Haematocrit (erythrocyte volume fraction) \_\_\_\_\_ (max) \_\_\_\_\_ (min)

FOR LABORATORY  
USE ONLY

Dates of specimens  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Serology results

Interpretation