सत्यमेव जयते

Government of India

NATIONAL CENTRE FOR DISEASE CONTROL

22-SHAMNATH MARG, DELHI-110054

Centre for Arboviral and Zoonotic Diseases

WHO COLLABORATING CENTRE FOR RABIES EPIDEMIOLOGY

Proforma for Anti Rabies antibody estimation (Human)
(Kindly send 2ml of serum/5ml of clotted blood in a plain vial)
All tests done free of cost

Hospital Name **CR/Reg.No**
Name **Age/ Sex**
Contact
Residential address

Address/Area where person is bitten:

Date of admission **Biting animal : Pet/Stray dog/Any Other**
Fate of bitting animal **Alive/Dead/Unknown/Clinically rabid/ Laboratory confirmed rabid**

Number of persons bitten by animal
Date of bite **No. of bites** **Site of bite**
Type of bites: Superficial / Deep **Category of Bite: I II III**
Management of Wound **Washed with soap/water Antiseptic /**
Date **Cauterization/**
Antirabies serum around wound/ Stitches/Nil

Who advised you to come to anti-rabies clinic **Self/Relative/Health worker/ Neighbour/ Friend/Previously treated patient**

Treatment given at the anti-rabies clinic	Details	Date
Wound washed in the clinic	Yes/No	
Local instillation of ARS	Yes/No	
Wound suturing	Yes/No	
Antiseptic/Cauterization	Yes/No	
Route of vaccine	ID/IM	
Any deviation from Schedule		
Vaccine (Brand name and schedule details		
Vaccination Document Available	Yes/No	

Clinical Symptoms	Details	Date of onset
Fever		
Local paraesthesia		
Breathlessness		
Paralysis		
Convulsions		
Hydrophobia		
Any other relevant details		
Treatment given		
Any other Close Contacts of hydrophobia case		
Date of Death		

Specimens of suspected case given to laboratory	Collection Date	Transportation Date
Blood		
CSF		
Skin biopsy		
Saliva		
Corneal smear		
Brain		
Any other		

Radiological investigations (CT/MRI)

Remarks

Doctor's Name & Signature with seal