Government of India

NATIONAL CENTRE FOR DISEASE CONTROL

(DIRECTORATE GENERAL OF HEALTH SERVICES)

22, SHAM NATH MARG, NEW DELHI – 110054

CENTRE FOR ARBOVIRAL AND ZOONOTIC DISEASES

सत्यमेव जयते

Proforma for sample submission of a suspected case of Brucella

Lab Reference No: **Date:**

Hospital: **Hospital IP/OP number:**

Name: **Father's/Husband's Name:**

Age/Gender: **Telephone/ Mobile number:**

Complete address: **E-mail ID:**

HISTORY

Occupation: ☐ Veterinary hospital worker/ ☐ Slaughterhouse worker/ ☐ Farmer/☐ any other (specify _____)

If employed with the Animal Husbandry Department, specify the post/designation:

☐ Veterinary Assistant Surgeon/ ☐ Veterinary Compounder/ ☐ Livestock Assistant/ ☐ Laboratory Assistant/ ☐ Water Carrier/ ☐ Bull attendant/ ☐ Dresser/ ☐ Sweeper/ ☐ Animal Caretaker/ ☐ Slaughterhouse Worker/ ☐ any other (specify _____)

Exposure history:

1. History of tuberculosis ☐ Present/ ☐ Absent, Details (if present)
2. Anti-tuberculosis therapy given ☐ Yes/ ☐ No
3. History of animal contact ☐ Cattle/ ☐ Pig/ ☐ Goat/ ☐ Sheep/ ☐ Dogs/ ☐ any other
4. History of fever in past one year ☐ Yes/ ☐ No (duration, if yes _____)

SIGNS AND SYMPTOMS

Fever: ☐ Present/ ☐ Absent Date of onset of fever:

Course of fever: ☐ Intermittent/ ☐ Remittent/ ☐ Continuous Type of fever: ☐ Low grade/ ☐ High grade

Presenting symptoms:

Joint pain:	☐ Present/ ☐ Absent	General body ache:	☐ Present/ ☐ Absent
Headache:	☐ Present/ ☐ Absent	Backache:	☐ Present/ ☐ Absent
Weight loss:	☐ Present/ ☐ Absent	Excessive sweating:	☐ Present/ ☐ Absent
Lethargy:	☐ Present/ ☐ Absent	Excessive thirstiness:	☐ Present/ ☐ Absent

Any other relevant information:

IMPORTANT – Paired serology may be required for testing of samples from suspected case of brucellosis

Acute sample

Date of acute sample collection*: Result of acute sample (attach report):

Convalescent sample (to be collected after 14 days of collecting the acute sample)

Date of convalescent sample collection*:

Signature, Name, Designation, and contact number of consultant doctor with Seal

***GUIDELINES FOR SAMPLE COLLECTION AND TRANSPORTATION**

SAMPLE: 1-2 mL non-hemolyzed serum in sterile plain vial/5 mL blood in clot activator and gel vial/ 5 mL blood in vial kept for 30-40 mins for clot retraction.
PACKAGING AND TRANSPORTATION: For serum, triple layer package to be sent in cold chain maintained at 2-8°C for transportation times less than 48 hours and at -20°C for transportation times more than 48 hours.