



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



Proforma for sample submission of suspected case of Rickettsial Diseases

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:

SIGNS AND SYMPTOMS

Fever: ☐ Present/ ☐ Absent

Date of onset of fever:

Date of admission:

Course of fever: ☐ Intermittent/ ☐ Remittent/ ☐ Continuous

Type of fever: ☐ Low grade/ ☐ High grade

Presenting symptoms:

Rash: ☐ Present/ ☐ Absent

If present, distribution: ☐ Extremities/ ☐ Face/ ☐ Trunk

Eschar: ☐ Present/ ☐ Absent

Chills/Rigor: ☐ Present/ ☐ Absent

Headache: ☐ Present/ ☐ Absent

Vomiting: ☐ Present/ ☐ Absent

Abdominal pain: ☐ Present/ ☐ Absent

Pedal edema: ☐ Present/ ☐ Absent

Diarrhea/Constipation: ☐ Present/ ☐ Absent

Lymphadenopathy: ☐ Present/ ☐ Absent

Hepatomegaly: ☐ Present/ ☐ Absent

Splenomegaly: ☐ Present/ ☐ Absent

Jaundice: ☐ Present/ ☐ Absent

Any other symptoms: _____

LABORATORY INVESTIGATION

Hb: Platelet count:

TLC: DLC:

SGPT: Urea:

Direct bilirubin: ALP:

SGOT: Creatinine:

Total bilirubin:

Findings of Chest x-ray if done (attach report):

Findings of CT scan if done (attach report):

Findings of Ultrasound of abdomen if done (attach report):

Clinical Diagnosis and Treatment:

Date of 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.