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 Kala-Azar

Lab Reference No (to be filled by CAZD)**:** **Date:**

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

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

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

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

HISTORY OF VISITING KALA-AZAR ENDEMIC AREA:

Place: ☐ Bihar/ ☐ West Bengal/ ☐ any other state (please specify: _____)

Time: ☐ less than 6 months/ ☐ 1 year/ ☐ 2 years/ ☐ 3 years or more

SIGNS AND SYMPTOMS

Fever: ☐ Present/ ☐ Absent

Date of onset of fever: Duration of fever:

Loss of weight: ☐ Present/ ☐ Absent Loss of appetite: ☐ Present/ ☐ Absent

Abdominal enlargement: ☐ Present/ ☐ Absent Dark pigmentation: ☐ Present/ ☐ Absent

Any other symptoms

MEDICATION

i) Antibiotic/ antimicrobial/other treatment ☐ Yes/ ☐ No

ii) Antimony gluconate ☐ 1 course/ ☐ 2 courses/ ☐ 3 courses

iii) Pentamidine isethionate ☐ Yes/ ☐ No

iv) Any other medicine for Kala-Azar

IN POST-KALA-AZAR DERMAL LEISHMANIASIS (PKDL) CASES

History of previous Kala-azar ☐ Yes/ ☐ No

SIGNS AND SYMPTOMS

Liver enlargement: ☐ Present/ ☐ Absent Spleen enlargement: ☐ Present/ ☐ Absent

Skin lesions: ☐ Present/ ☐ Absent Skin lesion type: ☐ Nodular/ ☐ Macular/ ☐ Papular

Date of sample collection:

Type of sample collected*: ☐ Bone marrow/ ☐ Splenic aspirate/ ☐ Skin Biopsy/ ☐ Scraping/ ☐ Whole Blood/ ☐ Serum

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

***GUIDELINES FOR SAMPLE COLLECTION AND TRANSPORTATION**

TEST	SAMPLE	PACKAGING AND TRANSPORTATION
Serology	**SERUM.** 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.	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.
Molecular testing	**WHOLE BLOOD.** 1-2 mL blood collected in K3-EDTA vial.	Triple layer package to be sent in cold chain maintained at 2-8°C for transportation times less than 48 hours
Staining	**SMEAR.** Air-dried smear on a glass slide of Bone Marrow/ Splenic aspirate/ Skin Biopsy/ Skin Scraping	Triple layer package to be sent after air-drying the smear and individually wrapping the slides inside a polyethene bag
Culture	**Bone Marrow/ Splenic aspirate/ Skin Biopsy/ Skin Scraping**	**IMPORTANT**. An advanced intimation regarding availability of culture media at CAZD and further guidelines may be obtained from CAZD for isolation and identification of LD bodies from sample

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