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 Toxoplasmosis

Lab Reference No: **Date:**

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

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

Age/Gender: **Occupation:**

Complete address: **Telephone/ Mobile number:**

E-mail ID:

HISTORY OF PRESENT ILLNESS

ADULTS:

Pregnancy:	☐ Yes/ ☐ No	Abortions:	☐ Yes/ ☐ No
Fever with/without rashes:	☐ Present/ ☐ Absent	Eye problem:	☐ Present/ ☐ Absent
Blood transfusion:	☐ Yes/ ☐ No	Immunosuppressive drugs:	☐ Yes/ ☐ No
History of exposure to cat:	☐ Yes/ ☐ No		

Previous reports (provide details if any):

INFANTS

CNS problem	☐ Yes/ ☐ No, if yes then details ☐ Seizure/ ☐ Hydrocephalus/ ☐ any other _____		
Fever with/without rashes:	☐ Present/ ☐ Absent	Congenital defect:	☐ Deafness/ ☐ Visual problem
Organ dysfunction:	☐ Hepatosplenomegaly/ ☐ Cardiac/ ☐ Pneumonia/ any other _____		
Prenatal history of mother:	☐ Abortion/ ☐ Fever-rashes/ ☐ Blood transfusion/ ☐ Immunosuppressive drugs/ ☐ eye problem		
History of exposure to cat:	☐ Yes/ ☐ No		

Clinical Diagnosis:

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.