

AFR Laboratory Request Form

Measles and rubella laboratory request form

Country:		Date: dd / mmm / yy	Patient ID:		
Patient Name:		M	F	Date of birth: dd / mmm / yy	
Age in months:		Name of parent or guardian:			
Address:					
Doses of measles containing vaccine:			Date last dose received: dd / mmm / yy		
Number of doses of rubella vaccine:			Date last dose received: dd / mmm / yy		
Date of onset of fever: dd / mmm / yy			Date of onset of rash: dd / mmm / yy		
Provisional clinical diagnosis:					
Sample ID	Sample type	Collection date	Shipment date		
1)		dd / mmm / yy	dd / mmm / yy		
2)		dd / mmm / yy	dd / mmm / yy		
3)		dd / mmm / yy	dd / mmm / yy		
Additional comments on patient or samples:					
Epidemiological situation (outbreak associated or isolated case):					
Name of person to whom laboratory results should be sent:					
Address:					
Telephone number:			Fax number:		
Email Address:					

For use by the receiving laboratory

Name of person receiving the sample:					
Sample ID as written on sample	Sample type	Date of receipt	Condition on receipt		
1)		dd / mmm / yy			
2)		dd / mmm / yy			
3)		dd / mmm / yy			
Additional comments:					
Sample ID	Sample type	Action taken on receipt in laboratory			
1)					
2)					
3)					