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) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | 3) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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