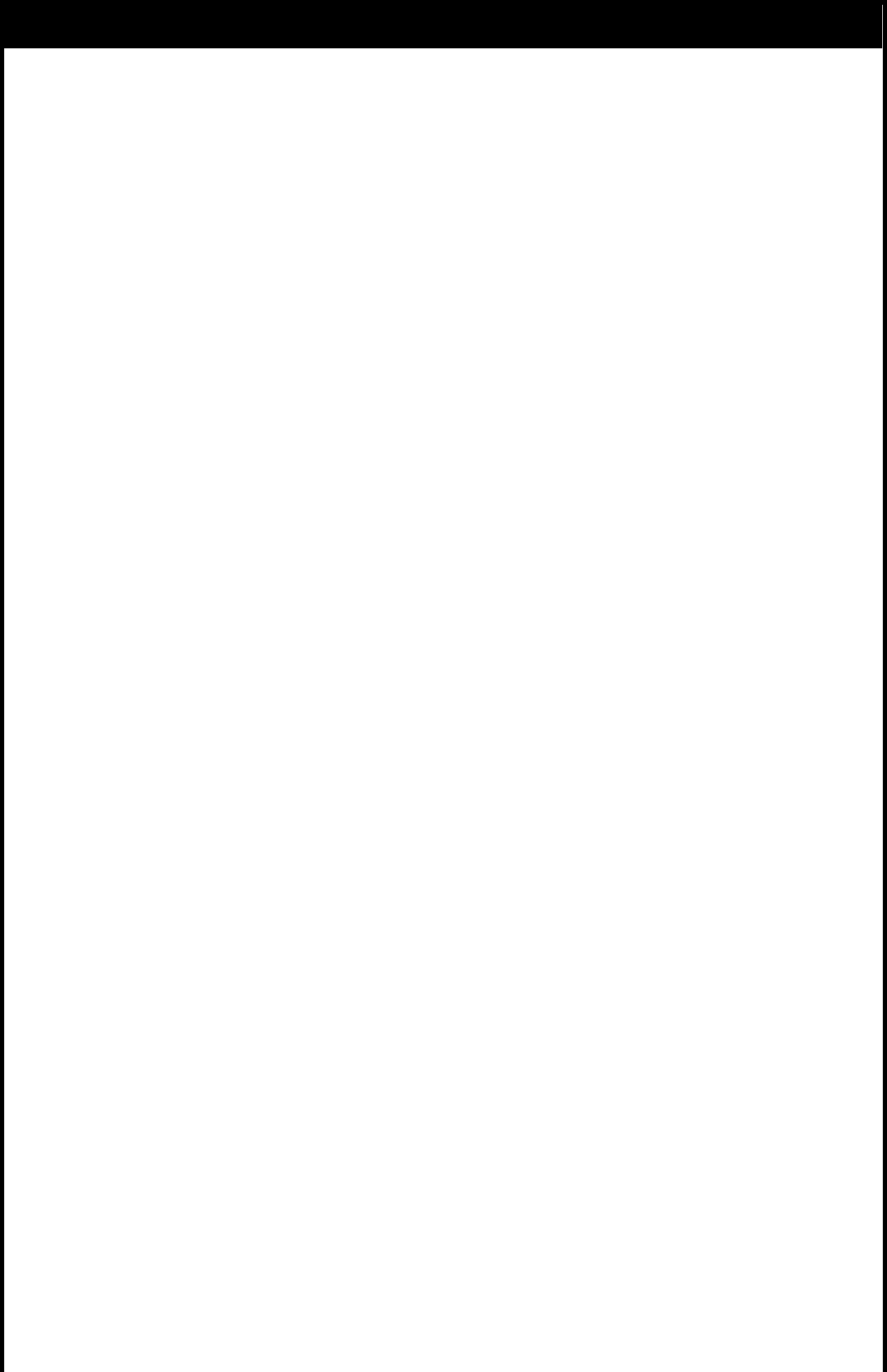
AFR Laboratory Request Form



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) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

