

LABORATORY REQUEST FORM (LRF)

To be filled up by Medical Officer at the time of first contact with Health Facility and to be kept with BHT

JAPANESE ENCEPHALITIS LABORATORY REQUEST AND REPORT FORM

Name of the Reporting Health Institution :						
Patient Registration Number :		Date :				
Patient Name :						
Age :						
Name of Parent or Guardian :						
Province :		District :				
Town/village :		Name of health facility :				
Number of doses of Japanese Encephalitis vaccine :		Date of last dose:				
Date of onset of illness :						
Name & address of treating doctors :						
Clinical Feature :						
Specimen Type	Specimen ID	Date of Collection	Date of Shipment			
(1)						
(2)						
(3)						
Name of person to whom laboratory results should be sent :						
Address :						
Telephone/Mob.No.:						
E-mail (if any):						
For use by the receiving laboratory						
Name of laboratory :						
Name of Person receiving the specimen :						
Specimen condition* :						
Specimen Type	Date of Received in Lab	Date of Result	Test Type	Test Result	Date of Result shared with sender	Remarks

*Sample is good if:

- There is no leakage
- Of adequate quantity
- Brought in cold chain
- Documentation is complete

Any other information

Source : WHO Draft document operational guidelines

If sample is bad specify

Add in the following information:

Fever at onset : Y ☐ N ☐ Duration

Seizures : Y ☐ N ☐

Altered level of consciousness : Y ☐ N ☐

Neck rigidity: Y ☐ N ☐

Name & Signature of treating MO with Designation

जीवन्त बिहार... सपना हो सकार



राज्य स्वास्थ्य समिति, बिहार

