

REVISED PROFORMA FOR MONITORING OF DIAGNOSTIC LABS (SSHs/ARLs) for JE - REPORT

Name of District:..... Name of Institution :.....

| Month-Year | IgM ELISA (MAC ELISA) Test (for JE) | | CSF Sample (for JE) | | Serum sample (for JE) | | Total (for JE) | |
|-------------|-------------------------------------|------------------|---------------------|----------|-----------------------|----------|--------------------|----------|
| | No's of Kit received | No's of kit used | Tested | Positive | Tested | Positive | Tested (CSF+Serum) | Positive |
| January - | | | | | | | | |
| February - | | | | | | | | |
| March - | | | | | | | | |
| April - | | | | | | | | |
| May - | | | | | | | | |
| June - | | | | | | | | |
| July - | | | | | | | | |
| August - | | | | | | | | |
| September - | | | | | | | | |
| October - | | | | | | | | |
| November - | | | | | | | | |
| December - | | | | | | | | |
| Total | | | | | | | | |

Note- Please attach Linelist of JE confirmed cases.

Signature of Dist. Vector Borne Disease Control Officer

Signature of Microbiology Incharge of the Institution

जीवन्त बिहार... सपना है साकार



राज्य स्वास्थ्य समिति, बिहार

