SWINE FLU(H1N1) CLINICAL INFORMATION FORM (Form 25)

Name of the Patient

Age
Sex

Address

Telephone number
Mail ID

Symptoms like fever, cough, running nose, vomiting, pain abdomen, loose motions, any other

History of travel to affected country / state within last 10 days       Yes/No

History of contact with H1N1 confirmed case within last 10 days       Yes/No

History of any other disease like Lung/Diabetes/Heart /Kidney/Liver/HIV/Neurological / Pregnancy if any.

Doctor’s Name
Mobile No: 

Hospital Name

Category of the Patient (A/B/C)

See Below for description. As per the directive of Directorate of Health Services, F-17 Karkardooma, New Delhi, only patients with Category C require testing.

Stamp &Signature of the Doctor

<table>
<thead>
<tr>
<th>Category A</th>
<th>Category B</th>
<th>Category C</th>
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| Patients with mild fever plus cough/sore throat with or without body ache, headache, diarrhea and vomiting. They do not require Oseltamivir and should be treated for the symptoms mentioned above. The patients should be monitored for their progress and reassessed after 24-48 hours by the doctor. No testing is required. Patients should confine themselves at home and avoid mixing up with the public and high risk members in the family. | In addition to all the signs and symptoms mentioned under category A, individuals having one or more of the following high risk conditions shall be treated with Oseltamivir  
- Children with mild illness but predisposing risk factors  
- Pregnant women  
- Patients with lung disease, heart diseases, diabetes, neurological disorders, cancer and HIV/AIDS  
No testing is required. Patients should confine themselves at home and avoid mixing up with the public and high risk members in the family. Broad spectrum antibiotics as per Guideline for Community acquired Pneumonia may be prescribed. | In addition to all the signs and symptoms mentioned under category A, individuals having one or more of the following  
- Breathlessness, chest pain, drowsiness, fall in blood pressure, sputum mixed with blood, bluish discoloration of nails  
- Children with influenza like illness who had a severe disease as manifested by red flag signs (Somnolence, high and persistent fever, inability to feed well, convulsions, shortness of breath, difficulty in breathing etc.  
- Worsening of underlying chronic conditions  
ALL THESE PATIENTS REQUIRE TESTING, IMMEDIATE HOSPITALIZATION AND TREATMENT |

The maximum permissible charge for this test is Rs 4500/-
Clinical Information of suspected cases Influenza A H1N1

Name of Lab: Dr. Lal PathLabs Ltd
Fax/Tel no.: 011- 39885050
Email: customer.care@lalpathlabs.com

Date of Reporting

| S. No. | Name/Age/ Sex/Address with Telephone /Number | Symptoms like fever, cough, running nose, vomiting, pain of abdomen, loose motions , any other | History of travel to affected country/ies within last 10 days. | History of contact with H1N1 confirme d case within last 10 days | History of any other disease like lung/diabetes/heart/kidney/liver/HIV/neurogical etc Pregnancy if any. | Referral for the test | Sample Collected | Date of collection | TaqMan Real-Time PCR (CDC Protocol) for Y N Y N (Specify) Self Doctor (Give name and mobile no.) Hospital (Give the Details) including address and tel. no. Nasal Swab Throat swab | Remarks for Swine Inf A Inf-A Sw-A Sw-H1 +ve -ve |
|--------|---------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------|-----------------|-----------------|-------------------------------------------------|---------------------|-----------------|-----------------|-------------------------------------------------|---------------------|

Please send a daily report (even nil) to idspdelhi@gmail.com, Fax: 23646173, Tel.no:23634073

Landline No off  011- 39885050