

## Annex 2F: IDSR Case-based Laboratory Reporting Form

| <b>Lab Specimen Collection/Reporting Form (for Immediate Case-based Surveillance) IDSR 001B</b>   |                    |                     |           |                      |     |                    |                   |  |  |            |  |
|---|--------------------|---------------------|-----------|----------------------|-----|--------------------|-------------------|--|--|------------|--|
| <b>If Lab Specimen Collected</b>  |                    |                     |           |                      |     |                    |                   |  |  |            |  |
| <b>For Health Facility: If lab specimen is collected, complete the following information and send a copy of this form to the lab with the specimen.</b> |                    |                     |           |                      |     |                    |                   |  |  |            |  |
| Date of specimen collection: ____/____/____   |                    |                     |           |                      |     |                    |                   |  |  |            |  |
| Type of specimen:   | Stool              |                     | Blood     |                      | CSF |                    | Others (Specify): |  |  |            |  |
| Date specimen sent to lab: ____/____/____   |                    |                     |           |                      |     |                    |                   |  |  |            |  |
| ID Number:  |                    |                     |           |                      |     |                    |                   |  |  |            |  |
| <i>For the Lab: Complete this section and return the form to LGA/health facility or clinician</i>   |                    |                     |           |                      |     |                    |                   |  |  |            |  |
| Date lab received specimen: ____/____/____  |                    |                     |           |                      |     |                    |                   |  |  |            |  |
| Specimen Condition:   |                    |                     |           | Adequate             |     | Not adequate       |                   |  |  |            |  |
| Disease/Condition:  |                    |                     |           |                      |     |                    |                   |  |  |            |  |
| Type of Test:   |                    |                     |           |                      |     |                    |                   |  |  |            |  |
| <b>Result:</b>  |                    | <b>+ = Positive</b> |           | <b>- = Negative</b>  |     | <b>P = pending</b> |                   |  |  |            |  |
| Malaria   | P. Falciparum      |                     |           |                      |     |                    |                   |  |  |            |  |
|   | P. Vivax           |                     |           |                      |     |                    |                   |  |  |            |  |
| <b>Cholera (culture)</b>  |                    |                     |           |                      |     |                    |                   |  |  |            |  |
| <b>Cholera direct exam; specify the method used:</b>  |                    |                     |           |                      |     |                    |                   |  |  |            |  |
| Meningitis: N meningitides  | Culture            |                     |           |                      |     |                    |                   |  |  |            |  |
|   | Latex              |                     |           |                      |     |                    |                   |  |  |            |  |
|   | Gram stain         |                     |           |                      |     |                    |                   |  |  |            |  |
| Meningitis: S. pneumonia  | Culture            |                     |           |                      |     |                    |                   |  |  |            |  |
|   | Latex              |                     |           |                      |     |                    |                   |  |  |            |  |
|   | Gram stain         |                     |           |                      |     |                    |                   |  |  |            |  |
| Meningitis: H. influenza  | Culture            |                     |           |                      |     |                    |                   |  |  |            |  |
|   | Latex              |                     |           |                      |     |                    |                   |  |  |            |  |
|   | Gram stain         |                     |           |                      |     |                    |                   |  |  |            |  |
| Shigella dysenteriae  | Culture            |                     |           |                      |     |                    |                   |  |  |            |  |
|   | Type               |                     | SD Type 1 | Other Shigella types |     | No Shigella        |                   |  |  |            |  |
| <b>Result:</b>  |                    | <b>+ = Positive</b> |           | <b>- = Negative</b>  |     | <b>I= Indeter.</b> | <b>P=Pending</b>  |  |  |            |  |
| Viral Detection   | Yellow fever (IgM) |                     |           |                      |     |                    |                   |  |  |            |  |
|   | Measles (IgM)      |                     |           |                      |     |                    |                   |  |  |            |  |
|   | Rubella (IgM)      |                     |           |                      |     |                    |                   |  |  |            |  |
|   | Dengue (IgM)       |                     |           |                      |     |                    |                   |  |  |            |  |
|   | Ebola (IgM)        |                     |           |                      |     |                    |                   |  |  |            |  |
|   | Lassa (Ig M)       |                     |           |                      |     |                    |                   |  |  |            |  |
|   | Marburg (IgM)      |                     |           |                      |     |                    |                   |  |  |            |  |
|   | A/H5N1 (RT-PCR)    |                     |           |                      |     |                    |                   |  |  |            |  |
| Other lab test (specify)  | Results:           |                     |           |                      |     |                    |                   |  |  |            |  |
| Date lab sent results to LGA/health facility:   |                    |                     |           | ____/____/____       |     |                    |                   |  |  |            |  |
| Name of lab sending results:  |                    |                     |           |                      |     |                    |                   |  |  |            |  |
| Other pending results:  |                    |                     |           |                      |     |                    |                   |  |  |            |  |
| Name of lab technician sending the results:   |                    |                     |           |                      |     |                    |                   |  |  | Signature: |  |
| Date LGA/ receive lab results: ____/____/____   |                    |                     |           | LGA/:                |     |                    |                   |  |  |            |  |
| Date lab results sent to health facility by LGA/: ____/____/____  |                    |                     |           |                      |     |                    |                   |  |  |            |  |
| Date lab results received at the health facility: ____/____/____  |                    |                     |           |                      |     |                    |                   |  |  |            |  |