

Annexure 4.2: AFP Laboratory Request Form

(Original to accompany stool specimen to laboratory)

Case Identification Number: Case ID: BHU/___/___/___ C 1, 2, 3, 4, 5*

(Matches AFP Case Investigation Form)

PART I: To be filled by Case Investigator

Report/Investigation Information:	Name of Investigator: _____
Date Case Reported: _____	Title: _____
Date Case Investigated: _____	Health Center/Hosp: _____
Case/Information:	
Patient's Name: _____	Sex: _____
	Age: _____ yrs _____ Months
Address:	
Village _____ Block _____	Dist: _____
Date of onset of paralysis: _____	
Date of last dose of OPV: _____	
Stool Specimen Collection:	

<u>Date Collected</u>	<u>Date Sent to Lab</u>
Stool 1 _____	
Stool 2 _____	
Name of person to whom laboratory result should be sent:	
The Program Officer, Vaccine Preventable Disease Program (VPDP)	
Department of Public Health, Communicable Disease Division, MoH,	
Thimphu, Bhutan	
Telephone No. 02-321328/	
Fax: +975-02-326038	
Fax.no. EPI, DVED: 02-323809	
Date on which specimen sent to Reference Lab: _____	

PART II. To be filled out by Reference Laboratory

Date specimen sent to referral lab: ___/___/___

Date Specimen received: ___/___/___

Date results reported to the Country's EPI Program Officer: ___/___/___

Results of viral Identification:

Specimen 1.

P1 No/Yes	Wild/Vaccine	P2 No/Yes	Wild/Vaccine	P3	No/Yes	Wild/Vaccine
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Specimen 2:

P1 No/Yes	Wild/Vaccine	P2 No/Yes	Wild/Vaccine	P3	No/Yes	Wild/Vaccine
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Non-polio enterovirus: Yes/No Pending Results: Yes/No

Comments:.....