

National Institute of Virology, Pune

Case Information form

Field ID Date of Collection of Specimen Collected by

Aadhar Card Number

Patient Information :

Name of the patient Occupation

Age in completed years Gender Pregnant If Pregnant (Mention weeks of pregnancy)

Detailed Address:

Locality Village Taluka City

District State Pincode Contact Number

Clinical History :

Name of Hospital/ Clinic OPD/IPD Number

Post Illness day Date of Hospitalization

Date of onset of symptoms

Fever Chills/Rigors Grade of fever Type of fever
 Myalgia Fatigue Headache Malaise Bodyache Lymphadenopathy Specify

Rash Macular Papular Maculo-papular Vesicular Pustular Pinpoint Ischar Bullae
 Scabs/Crusts Others Specify

Respiratory symptoms Cold Cough (dry) Cough (Expectorant) Nasal Discharge Breathlessness
 Hemoptysis Chest pain Ear Discharge Sore throat Others (Specify)

Eye problems Redness Pain Watering Stickiness Others (Specify)

Oro-GI symptoms Nausea Vomiting Diarrhoea Abdominal pain Loss of appetite
 Oral ulcers Koplik spot Swollen/tender salivary glands Others Specify

CNS symptoms Altered Sensorium Convulsions Irritability Disorientation Neck pain/Stiffness
Others (Specify)

Complications: Pneumonia ARDS On Mechanical Ventilation Coagulopathy Acute Renal Failure
 Encephalitis/Meningitis Sepsis Severe Dehydration Uveitis/Iritis Orchitis Arthritis
 Reye's Syndrome Myocarditis Hepatitis Hearing loss Otitis Media Acute Malnutrition
 Others Specify

Past History: Diabetes Hypertension COPD Asthama Pulmonary TB Heart Disease Liver disease

Other Immunocompromised conditions if yes, specify Smoking

Tobacco cheweing Alcoholism Others Specify

Treatment History : Amoxicillin Septran Amoxiclav Azithromycin Erythromycin Levofloxacin

Acyclovir Vit- A syrup Units Others Specify

Epidemiological History:

Contact with case of fever with rash in last 10 days Specify

Contact with known case of chicken pox or zooster in last 10 days Specify

Similar history in family members/neighbours/friends Specify

Attending any mass gathering in last 10 days Specify

Past Vaccination History (VSV/Measles/Mumps/Rubella) Specify

Others Specify

Time of Specimens Collected:

Throat Swab Nasopharyngeal Aspirate Bronchoalveolar Lavage Swabs of Macuopapular lesions

Swabs of Vesicular lesions Swabs from pustule Crusts/Scabs Serum CSF Urine Others Specify

Hematological Investigations:

Hb (gm%) TLC/WBC Neutrophils Lymphocytes Eosinophils Platelets

Blood Urea Serum Creatinine Serum Albumin ALT AST

Serum Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect) PT INR

Urine Bile Salt/ Bile Pigment Proteinuria Others (Specify)

X-Ray chest

Laboratory Investigations:

Real Time PCR Conventional PCR IgM Elisa IgG Elisa

Virus Isolation

Outcome History:

Cured and Discharged Date of Discharge

Died Date of Death

Name of treating physician

Contact Number

Laboratory Diagnosis

Provisional Diagnosis

Final Diagnosis