

AFP Laboratory Request Form

To facilitate the collation of information for the National Laboratory, we ask you to supply all details of referred samples on this form. If you have further information you would like to transmit, please feel free to include, also attach the original pathology request form.

To accompany stool specimens to laboratory

Country:		EPID #	
Patient's Name:		M	F
Address:			
City:			
State::			
Date of birth of patient:	Day	Month	Year
If birth date is unknown, give age in months:	Months old		
Date of onset of paralysis			
Date of first stool specimen collected:			
Date second stool specimen collected:			
Date stool specimen sent:			
Date of last dose of OPV:			
Preliminary clinical diagnosis:			
Clinical diagnosis in hospital:			
Name of person to whom laboratory results should be sent:			
Complete Address:			
Telephone number:		Fax number:	
(For use by the receiving laboratory)			
Date received at laboratory:	Day	Month	Year
Name of person receiving specimen at laboratory:			
Was specimen in good condition:*			

*Criteria for "good" condition = adequate volume, no leakage, no desiccation, and temperature indicator or presence of ice indicating reverse cold chain was maintained.

Adapted from the Manual for virological investigation of polio, WHO/EPI/GEN/97.01