

AFP Specimen Laboratory Request Form

To facilitate the collation of information we ask you to supply all details of referred specimens on this form. Please contact enterovirus@mh.org.au if you would like this emailed to you in Microsoft Word format.

Laboratory request form:

To accompany stool specimens to the National Enterovirus Reference Laboratory, VIDRL.

| | | | |
|---|------------|-------------|------|
| Country: | EPID # | | |
| Patient's Name: | M | F | |
| Address:: | | | |
| City: | Postcode: | | |
| State: | | | |
| Date of birth of patient: | Day | Month | Year |
| If birth date is unknown, give age in months: | Months old | | |
| Date of onset of symptoms | | | |
| 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