**Add**

**Ministry of Health Logo here as appropriate**

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| **UNIQUE IDENTIFIER NUMBRE (EPID) :**  **/ \_ \_ \_ / \_ \_ \_ / \_ \_ \_ / \_ \_ / \_ \_ \_ / \_ \_ \_ \_ /**(to be assigned at district level) Country Region District Year Disease Case Number |
| **REPORTING HEALTH FACILITY NAME:** |
| **Sub-district:** | **District:** | **Region:** |
| **PATIENT IDENTIFICATION Patient surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Patient other name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ *(dd/mm/yyyy)* **OR** Age in years: \_\_\_\_If <12 months:Age in months: \_\_\_\_ **OR** Age in days: \_\_\_\_\_ |
| **Sex:** **□** Female **□** Male **Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Patient’s residence *(Address*)** **District of residence:** **Sub-district:** **Community:**  |
| **Neighborhood:** **House number**: **Location:**  | **□** Urban / **□** Rural  |
| **Father’s/mother’s/caregiver’s name:** **Telephone number of the patient/parents/caregiver:**  |
| **Date seen at health facility:** \_\_\_\_\_/\_\_\_\_ /\_\_\_\_\_ *(dd/mm/yyyy)* **Date of disease onset:** \_\_\_\_/\_\_\_\_ /\_\_\_\_\_ *(dd/mm/yyyy)***Signs and symptoms:** **□** Fever **□** Neck stiffness **□** Headache **□** Bulging fontanel **□** Seizure/convulsion **□** Altered consciousness **□** Rash **□** Photophobia **□** Nausea **□** Vomiting **□** Diarrhea **□** Other (*specify*): □ Unknown |
| **Antibiotic treatment:** **□** Amoxicillin □ Ceftriaxone □ Chloramphenicol □ Penicillin G □ Oxacillin □ Other (*specify*): □ Unknown**Date of first dose:** \_\_\_\_\_/\_\_\_\_ /\_\_\_\_\_ (*dd/mm/yyyy*) |
| **Hospitalization status:** □ Patient hospitalized □ Outpatient □ Unknown**Patient outcome:** □ Recovered □ Dead □ On treatment □ Referred □ Unknown |
| **VACCINATION STATUS**  **Vaccinated:**  **□ YES**  **□ NO** **□ UNKNOWN** (*If vaccinated, please complete the rest of this section)* |
| *Vaccine*  *Received Date received(dd/mm/yyyy)*  *No Unknown*  MenAC □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown  MenACW □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown  MenACWY □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown MenA(conj) □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown MenC(conj) □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown Menactra □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown PCV13–dose 1 □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown PCV13–dose 2 □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown PCV13–dose 3 □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown Hib–dose 1 □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown Hib–dose 2 □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown Hib–dose 3 □ Yes: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ □ No □ Unknown |  *If Yes, source of vaccination information:* □ Card □ Vaccination register □ Verbal □ Unknown□ Card □ Vaccination register □ Verbal □ Unknown□ Card □ Vaccination register □ Verbal □ Unknown□ Card □ Vaccination register □ Verbal □ Unknown□ Card □ Vaccination register □ Verbal □ Unknown□ Card □ Vaccination register □ Verbal □ Unknown□ Card □ Vaccination register □ Verbal □ Unknown□ Card □ Vaccination register □ Verbal □ Unknown□ Card □ Vaccination register □ Verbal □ Unknown□ Card □ Vaccination register □ Verbal □ Unknown□ Card □ Vaccination register □ Verbal □ Unknown□ Card □ Vaccination register □ Verbal □ Unknown |
| **Specimen source:** □ CSF □ Blood □ Urine □ Other (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **CSF SPECIMEN COLLECTED: □ YES □ NO** *(Note : IF NO, please STILL complete the form and send to district disease control officer)**IF NO:* **Reason:**  □ Lack of LP kit □ Lack of provider with LP collection skill □ LP contraindicated □ Other (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*IF YES:* **Date of specimen collection:** \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_ *(dd/mm/yyyy)* **Time of specimen collection:** /\_\_\_\_/\_\_\_\_/ □ AM □ PM **Appearance of CSF:** □ Clear □ Turbid □ Bloody □ Xanthochromic □ Viscous □ Purulent □ Not done **Time of inoculation into transport media:** /\_\_\_\_/\_\_\_\_/ □ AM □ PM  **Specimen(s) sent to the laboratory:** □ Yes □ No If **No**, why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If **Yes**, **date specimen sent to the:** District laboratory: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ (*dd/mm/yyyy*) Regional laboratory: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ (*dd/mm/yyyy*) National reference laboratory: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ (*dd/mm/yyyy*) Name of Laboratory:\_\_\_\_\_\_\_\_\_\_\_\_\_ **Specimen container used:** □ Dry tube □ Trans-Isolate (T- I) □ Cryotube □ Other (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date of notification to district/region/national surveillance office:** \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ *(dd/mm/yyyy)* **Name of person filling the form:** **Telephone:** **Date form sent to the surveillance office:** \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_\_ **Date form received at surveillance office:** \_\_\_\_/ \_\_\_\_/ \_\_\_\_ |

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| **DISTRICT LABORATORY NAME:**  | **Specimen ID District:** |
| **Specimen date** **received:**\_\_\_/\_\_\_\_/\_\_\_\_**Time:** \_\_\_\_/ \_\_\_\_/ □ AM □ PM  | **Specimen container received:**  □ Dry tube □ Trans-Isolate □ Cryotube □ Other (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Specimen condition** □ Adequate □ Not adequate |
| **CSF appearance:** □ Clear □ Turbid □ Bloody □ Xanthochromic □ Viscous □ Purulent □ Not done |
| **Type of tests performed:** □ Cytology □ Gram stain □ RDT (dipstick/other) □ Latex □ Other (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Cytology:** Leucocytes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/mm3 PMN \_\_\_\_\_\_\_\_\_\_\_\_% LYMPH \_\_\_\_\_\_\_\_\_\_\_\_\_\_% □ Not done |
| **Gram:** □ GPD □ GND □ GPB □ GNB □ Other pathogens *(specify)*: □ No organism seen □ Not done |
| **RDT performed:** □ Yes □ No □ Not done **Type RDT:** □ Pastorex □ CERMES Dipstick □ Other (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RDT** **results:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Latex:** □ NmA □ NmC □ NmW/Y □ NmB/*E. coli* K1 □ *S. pneumoniae*  □ Hib □ StrepB □ Negative □ Not done |
| **Date results sent to reporting health facility:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | **Date specimen sent to regional lab/NRL:** \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ |
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| **REGIONAL LABORATORY NAME:**  | **Specimen ID Region:** |

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| **Specimen date** **received:**\_\_\_/\_\_\_\_/\_\_\_\_**Time:** \_\_\_\_/ \_\_\_\_/ □ AM □ PM  | **Specimen container received:**  □ Dry tube □ Trans-Isolate □ Cryotube □ Other (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Specimen condition:** □ Adequate □ Not adequate |
| **CSF appearance:** □ Clear □ Turbid □ Bloody □ Xanthochromic □ Viscous □ Purulent □ Not done |
| **Type of tests performed:** □ Cytology □ Gram stain □ RDT (dipstick/other) □ Latex □ Culture □ Other (*specify*): \_\_\_\_\_\_\_\_\_\_ |
| **Cytology:** Leucocytes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/mm3 PMN \_\_\_\_\_\_\_\_\_\_\_\_% LYMPH \_\_\_\_\_\_\_\_\_\_\_\_\_\_% □ Not done |
| **Gram:** □ GPD □ GND □ GPB □ GNB □ Other pathogens (*specify*): □ No organism seen □ Not done |
| **RDT performed: □** Yes □ No □ Not done**Type RDT: □** Pastorex □ CERMES Dipstick □ Other (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RDT results:**  |
| **Latex:** □ NmA □ NmC □ NmW/Y □ NmB/*E. coli* K1 □ *S. pneumoniae*  □ Hib □ StrepB □ Negative □ Not done  |
| **Culture:** □ NmA □ NmC □ NmW □ NmY □ NmB□ NmX □ Nm indeterminate □ StrepB □ *S. pneumoniae* □ Hib □ Hinon-b□ Other germ (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Contaminated □ Negative **□** Not done **□** NA | **Antibiogram:**Amoxicillin □ Sensitive□ Resistant □ Intermediate □ Not doneCeftriaxone □ Sensitive□ Resistant □ Intermediate □ Not doneChloramphenicol □ Sensitive□ Resistant □ Intermediate □ Not donePenicillin G □ Sensitive□ Resistant □ Intermediate □ Not doneOxacillin □ Sensitive□ Resistant □ Intermediate □ Not doneOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Sensitive□ Resistant □ Intermediate □ Not done |
| **Date results sent to reporting health facility:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | **Date specimen sent to NRL:** \_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_\_\_ |
| **NATIONAL REFERENCE LABORATORY NAME:**  | **Specimen ID NRL:** |
| **Specimen date** **received:**\_\_\_/\_\_\_\_/\_\_\_\_**Time:** \_\_\_\_/ \_\_\_\_/ □ AM □ PM  | **Specimen container received:**  □ Dry tube □ Trans-Isolate □ Cryotube □ Other (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Specimen condition:** □ Adequate □ Not adequate |
| **CSF appearance:** □ Clear □ Turbid □ Bloody □ Xanthochromic □ Viscous □ Purulent □ Not done |
| **Type of tests performed:** □ Cytology □ Gram stain □ RDT (dipstick/other) □ Latex □ Culture □ PCR □ Other (*specify*): \_\_\_\_\_\_\_\_\_ |
| **Cytology:** Leucocytes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/mm3 PMN \_\_\_\_\_\_\_\_\_\_\_\_% LYMPH \_\_\_\_\_\_\_\_\_\_\_\_\_\_% □ Not done |
| **Gram:** □ GPD □ GND □ GPB □ GNB □ Other pathogens (*specify*): □ No organism seen □ Not done |
| **RDT performed:** □ Yes □ No □ Not done **Type RDT:** □ Pastorex □ CERMES Dipstick □ Other (*specify*): **RDT** **results:**  |
| **Latex** □ NmA □ NmC □ NmW/Y □ NmB/*E. coli* K1 □ *S. pneumoniae*  □ Hib □ StrepB □ Negative □ Not done  |
| **Culture:** □ NmA □ NmC □ NmW □ NmY □ NmB□ NmX □ Nm indeterminate □ StrepB □ *S. pneumoniae* □ Hib □ Hinon-b□ Other germ (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Contaminated □ Negative **□** Not done **□** NA | **Antibiogram:** Amoxicillin □ Sensitive □ Resistant □ Intermediate □ Not doneCeftriaxone □ Sensitive □ Resistant □ Intermediate □ Not doneChloramphenicol □ Sensitive □ Resistant □ Intermediate □ Not donePenicillin G □ Sensitive □ Resistant □ Intermediate □ Not doneOxacillin □ Sensitive □ Resistant □ Intermediate □ Not doneOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Sensitive□ Resistant □ Intermediate □ Not done |
| **PCR:** □ NmA □ NmC □ NmW □ NmY □ NmB □ NmX □ Nm indeterminate □ *S. pneumoniae (specify genotype)*:  □ Hib □ Hi non-b □ Contaminated (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Negative □ Not done □ NA |
| **Type of PCR:** □ Conventional □ Real Time **Date PCR performed:**\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  |
| **Observations:** |
| **Final laboratory result:** | **Date results sent to:** Health facility: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_Disease Surveillance Department/MoH: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | **Final classification (national level):** □ Confirmed □ Probable □ Suspect |



Include

**[Name of Country]**

**[Ministry of Health Logo]**

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| **UNIQUE IDENTIFIER NUMBER(EPID):** 1.EpidNumber **/ \_ \_ \_ / \_ \_ \_ / \_ \_ \_ / \_** 2. Year\_  **/ \_**3.Disease\_ **/ \_** 4.CaseNumber **\_ /** (To be assigned at district level) Country Region District Year Disease Case Number |
| **REPORTING HEALTH FACILITY NAME:** 5.HealthFacility |
| **Sub-district:** 6.SubDistrict | **District:** 7.District | **Region:** 8.Region |
| **PATIENT IDENTIFICATION Patient surname:** \_\_\_\_\_\_\_\_9.FamilyName \_\_\_\_\_\_\_\_\_\_\_ **Patient other name (s):** \_\_\_\_\_\_10.FirstName\_\_\_\_\_\_\_\_\_ |
| **Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ *(dd/mm/yyyy)***OR** Age in years: \_\_\_\_If <12 months:Age in months: \_\_\_\_**OR** Age in days: \_\_\_\_\_ 11.DateOfBirth 12. AgeYears 13. AgeMonths 14.AgeDays |
| **Sex:** □ Female □ Male 15.Sex **Occupation:** 16.Profession  |
| **Patient’s residence *(Address*) District of residence:** 17.DistrictOfResidence **Sub-district:** 18.SubDistrictOfResidence **Community:** 19. Village  |
| **Neighborhood:** 20.Neighborhood **House number**: **Location:** 21. Ad\_dr\_ess □ Urban / □ Rural 22.UrbanRural |
| **Father’s/mother’s/caregiver’s name:** 23.ParentName **Telephone number of the patient/parents/caregiver:** 24.PhoneNum  |
| **Date seen at health facility:** \_\_\_\_\_25.DateConsultation \_\_\_\_\_ *(dd/mm/yyyy)* **Date of disease onset:** \_\_\_\_26.DateOnset \_\_\_\_\_ *(dd/mm/yyyy)* 27.Fever 28.NeckStiff 29.Headache 30.BulgFontanel 31.Convulsion 32.AltConsciousness**Signs and symptoms:** **□** Fever **□** Neck stiffness **□** Headache **□** Bulging fontanel **□** Seizure/convulsion **□** Altered consciousness 33.Rash 34.Photophobia 35.Nausea 36.Vomiting 37.Diarrhea 38.OtherSx 39.SxUnknown **□** Rash **□** Photophobia **□** Nausea **□** Vomiting **□** Diarrhea **□** Other (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| **Antibiotic treatment:** 40.AntibioticTx **□** Amoxicillin □ Ceftriaxone □ Chloramphenicol □ Penicillin G □ Oxacillin □ Other:41.OtherAbx\_\_ □ Unknown**Date of first dose:** \_\_\_\_\_/\_\_\_\_ /\_\_\_\_\_ *(dd/mm/yyyy)* 42.DateAbx |
| **Hospitalization status:** □ Patient hospitalized □ Outpatient □ Unknown 43.InOutPatient **Patient Outcome:** □ Recovered □ Dead □ On treatment □ Referred □ Unknown 44.Outcome |
| **VACCINATION STATUS** 45.VaccinationStatus **Vaccinated:**  **□ YES** **□ NO** **□ UNKNOWN** (*If vaccinated, please complete the rest of this section)*  |
| *Vaccine*  *Received Date received(dd/mm/yyyy)*  *No Unknown*  MenAC 46.MenAC □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_47.DateMenAC □ No □ Unknown  MenACW 49.MenACW □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_50.DateMenACW □ No □ Unknown  MenACWY 52.MenACWY □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_53.DateMenACWY □ No □ Unknown MenA(conj) 55.MenA □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_56.DateMenA □ No □ Unknown MenC(conj)58.MenC □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_59.DateMenC □ No □ Unknown Menactra 61.Menactra □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_62.DateMenactra □ No □ Unknown PCV13–dose 1 64.PCV1 □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_65.DatePCV1 □ No □ Unknown PCV13–dose 2 67.PCV2 □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_68.DatePCV2 □ No □ Unknown PCV13–dose 3 70.PCV3 □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_71.DatePCV3 □ No □ Unknown Hib–dose 1 73.Hib1 □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_74.DateHib1 □ No □ Unknown Hib–dose 2 76.Hib2 □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_77.DateHib2 □ No □ Unknown Hib–dose 3 79.Hib3 □ Yes: \_\_\_\_/ \_\_\_/ \_\_\_80.DateHib3 □ No □ Unknown | *If Yes, source of vaccination information* □ Card □ Vaccination register □ Verbal □ Unknown 48.SourceMenAC□ Card □ Vaccination register □ Verbal □ Unknown 51.SourceMenACW□ Card □ Vaccination register □ Verbal □ Unknown 54.SourceMenACWY□ Card □ Vaccination register □ Verbal □ Unknown 57.SourceMenA□ Card □ Vaccination register □ Verbal □ Unknown 60.SourceMenC□ Card □ Vaccination register □ Verbal □ Unknown 63.SourceMenactra□ Card □ Vaccination register □ Verbal □ Unknown 66.SourcePCV1□ Card □ Vaccination register □ Verbal □ Unknown 69.SourcePCV2□ Card □ Vaccination register □ Verbal □ Unknown 72.SourcePCV3□ Card □ Vaccination register □ Verbal □ Unknown 75.SourceHib1□ Card □ Vaccination register □ Verbal □ Unknown 78.SourceHib2□ Card □ Vaccination register □ Verbal □ Unknown 81.SourceHib3 |
| **Specimen source:** 82.SpecimenSource □ CSF □ Blood □ Urine □ Other (*specify*):\_\_\_\_\_\_\_\_\_ 83.SpecimenSourceOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **CSF SPECIMEN COLLECTED: □ YES □ NO** *(Note : IF NO, please STILL complete the form and send to district disease control officer)* 84.SpecimenCollected 85.SpecimenNOTcollected\_why 86.SpecimenNOTcollected\_Other*IF NO:* **Reason:** □ Lack of LP kit □ Lack of provider with LP collection skill □ LP contraindicated □ Other (*specify*): *IF YES:* **Date of specimen collection:** \_\_/ \_/\_\_ 87.DateSpecimenCollected *(dd/mm/yyyy)* **Time of specimen collection:** 88.TimeSpecimenCollected □ AM □ PM **Appearance of CSF:** □ Clear □ Turbid □ Bloody □ Xanthochromic □ Viscous □ Purulent □ Not done 89.ASPECT **Time of inoculation into transport media:** /\_\_\_\_/\_\_\_\_/ □ AM □ PM 90.TransportMedia\_InoculationTime **Specimen(s) sent to the laboratory:** □ Yes □ No 91.SpecimenSentToLab If **No**, why?\_\_\_\_\_\_ 92.SpecimenNOTSentToLab\_Why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If **Yes**, **date specimen sent to the:** **District laboratory**: \_\_93.DateCSFsentDistrict \_/ \_\_\_\_/ \_\_\_\_\_ *(dd/mm/yyyy)*  **Regional laboratory**: \_94.DateCSFsentRegional \_/ \_\_\_\_/ \_\_\_\_\_ *(dd/mm/yyyy)*  **National reference laboratory**: 95.DateCSFsentNRL  *(dd/mm/yyyy)* **Name of laboratory:** \_96.LabCSFsent\_\_\_\_ **Specimen container used:** □ Dry tube □ Trans-Isolate (T- I) □ Cryotube □ Other (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 97.TransportMedia\_Dry Tube 98.TransportMedia\_TI 99.TransportMedia\_Cryotube 100.TransportMedia\_Other |
| **Date of notification to district/region/national surveillance office:** \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ *(dd/mm/yyyy)* 101.DateNotification .**Name of person filling the form:** 102.ReporterHF **Telephone:** 103.ReporterPhone**Date form sent to the surveillance office:**\_\_\_/ \_\_/ \_\_\_104.DateFormSent **Date form received at surveillance office:** \_/ \_/ \_105.DateFormReceived |

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| **DISTRICT LABORATORY NAME:** 106.DistrictLab | **Specimen ID District:** 107.SpecimenIDDistrict |
| **Specimen date** **received**\_108.DateReceivedDistrict\_ 109.TimeSpecimenReceivedDistrict**Time:** \_\_\_\_/ \_\_\_\_/ □ AM □ PM  | **Specimen container received:**  □ Dry tube □ Trans-Isolate110.DryTubeDistrict 111.TIDistrict□ Cryotube 112.CryotubeDistrict □ Other (*specify*): 113.OtherMediaDistrict | **Specimen condition:** □ Adequate □ Not adequate114.SpecimenConditionDistrict |
| **CSF appearance:** 115.AspectDistrict □ Clear □ Turbid □ Bloody □ Xanthochromic □ Viscous □ Purulent □ Not done |
| **Type of tests performed:** □ Cytology □ Gram stain □ RDT (dipstick/other) □ Latex □ Other (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 116.LabTestCYTOLOGIEDistrict 117.LabTestGRAMDistrict 118.LabTestTDRDistrict 119.LabTestLATEXDistrict 120.LabTestAUTREDistrict |
| **Cytology:** Leucocytes\_\_121.WhiteCellCountDistrict\_\_/mm3 PMN \_122.PolyPercentDistrict \_% LYMPH \_123.MonoPercentDistrict \_% □ Not done 124.CytologyDistrictNotDone |
| **Gram:** 125.GramDistrict □ GPD □ GND □ GPB □ GNB □ Other pathogens *(specify)*: 126.GramOtherDistrict □ No organism seen □ Not Done |
| **RDT performed:** □ Yes □ No □ Not done 127.TDR\_MeningitisDRS**Type RDT:** 128.TDR\_TypeDRS □ Pastorex □ CERMES Dipstick □ Other: 129.TestAUTREDistrict **RDT** **results:** 130.TDR\_OtherResultsDRS  |
| **Latex:** 131.LatexDistrict.□ NmA □ NmC □ NmW/Y □ NmB/*E. coli* K1 □ *S. pneumoniae*  □ Hib □ StrepB □ Negative □ Not done  |
| **Date results sent to reporting health facility:** \_\_\_/\_\_\_\_/\_\_\_\_132.ResultSentHealthFacility | **Date specimen sent to regional lab/NRL:**  133.SpecimenSentRegionalNRL |
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| **REGIONAL LABORATORY NAME:** 134.RegionLab | **Specimen ID Region:** 135.SpecimenIDRegion |

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| **Specimen date** **received:**\_136.DateReceivedRegion\_  137.TimeSpecimenReceivedRegion**Time:** \_\_\_\_/ \_\_\_\_/ □ AM □ PM  | **Specimen container received:**  □ Dry tube □ Trans-Isolate138.DryTubeRegion 139.TIRegion□ Cryotube 140.CryotubeRegion □ Other (*specify*): 141.OtherMediaRegion | **Specimen condition:** □ Adequate □ Not adequate142.SpecimenConditionRegion |
| **CSF appearance:** 143.AspectRegion □ Clear □ Turbid □ Bloody □ Xanthochromic □ Viscous □ Purulent □ Not done |
| **Type of tests performed:** □ Cytology □ Gram stain □ RDT (dipstick/other) □ Latex □ Culture □ Other (*specify*): \_\_\_\_\_\_\_\_\_\_ 144.LabTestCYTOLOGIERegion 145.LabTestGRAMRegion 146. LabTestTDRRegion 147.LabTestLATEXRegion 148.LabTestCULTURERegion 149.LabTestAUTRERegion |
| **Cytology:** Leucocytes\_150.WhiteCellCountRegion \_/mm3 PMN \_151.PolyPercentRegion\_% LYMPH \_152.MonoPercentRegion\_% □ Not done 153.CytologyRegionNotDone |
| **Gram:** 154.GramRegion □ GPD □ GND □ GPB □ GNB □ Other pathogens *(specify)*: 155.GramOtherRegion □ No organism seen □ Not done |
| **RDT performed:** □ Yes □ No □ Not done 156.TDR\_MeningitisRegion**Type RDT:** 157.TDR\_TypeRegion □ Pastorex □ CERMES Dipstick □ Other (*specify*): \_\_\_\_158.TestAUTRERegion \_\_\_\_\_\_ **RDT** **results:** \_\_\_159.TDR\_OtherResultsRegion \_\_\_\_ |
| **Latex:** 160.LatexRegion□ NmA □ NmC □ NmW/Y □ NmB/*E. coli* K1 □ *S. pneumoniae*  □ Hib □ StrepB □ Negative □ Not done  |
| **Culture:** 161.CultureRegion□ NmA □ NmC □ NmW □ NmY □ NmB□ NmX □ Nm indeterminate □ StrepB □ *S. pneumoniae* □ Hib □ Hinon-b□ Other germ (*specify*): \_\_162.CultureOtherRegion \_\_\_\_□ Contaminated □ Negative **□** Not done **□** NA | **Antibiogram:** Amoxicillin 163.AmoxicillinRegion □ Sensitive □ Resistant □ Intermediate □ Not doneCeftriaxone 164.CeftriaxoneRegion □ Sensitive □ Resistant □ Intermediate □ Not done Chloramphenicol 165.ChloramphenicolRegion □ Sensitive □ Resistant □ Intermediate □ Not donePenicillin G 166.PenicillinRegion □ Sensitive □ Resistant □ Intermediate □ Not doneOxacillin 167.OxacillineRegion □ Sensitive □ Resistant □ Intermediate □ Not doneOther: 168.OtherAntibioticRegion 169.OtherAntibioticSensitivityRegion □ Sensitive□ Resistant □ Intermediate □Not done |
| **Date results sent to reporting health facility:** \_\_\_\_/\_\_\_\_/\_\_170.ResultSentHF\_Region | **Date specimen sent to NRL:** \_\_\_\_\_/ \_\_\_\_\_/ \_171.SpecimenSentNRL  |
| **NATIONAL REFERENCE LABORATORY NAME:** 172.NRL | **Specimen ID NRL** 173.SpecimenIDNRL |
| **Specimen date** **received:**\_174.DateReceivedNRL \_ 175.TimeSpecimenReceivedNRL**Time:** \_\_\_\_/ \_\_\_\_/ □ AM □ PM  | **Specimen container received:**  □ Dry tube □ Trans-Isolate176.DryTubeNRL 177.TINRL□ Cryotube 178.CryotubeNRL □ Other (*specify*): 179.OtherMediaNRL | **Specimen condition:** □ Adequate □ Not adequate180.SpecimenConditionNRL |
| **CSF appearance:** 181.AspectNRL □ Clear □ Turbid □ Bloody □ Xanthochromic □ Viscous □ Purulent □ Not done |
| **Type of tests performed:** □ Cytology □ Gram stain □ RDT (dipstick/other) □ Latex □ Culture □ Other (*specify*):  182.LabTestCYTOLOGIENRL 183.LabTestGRAMNRL 184.LabTestTDRNRL 185.LabTestLATEXNRL 186.LabTestCULTURENRL 187.LabTestAUTRENRL |
| **Cytology:** Leucocytes\_188.WhiteCellCountNRL \_\_/mm3 PMN \_\_189.PolyPercentNRL \_% LYMPH \_190.MonoPercentNRL\_% □ Not done 191.CytologyNRLNotDone |
| **Gram:** 192.GramNRL □ GPD □ GND □ GPB □ GNB □ Other pathogens *(specify)*:\_\_\_ 193.GramOtherNRL □ No organism seen □ Not done |
| **RDT performed:** □ Yes □ No □ Not done 194.TDR\_MeningitisNRL**Type RDT :**195.TDR\_TypeNRL □ Pastorex □ CERMES Dipstick □ Other (*specify*): \_\_\_196.TestAUTRENRL\_\_\_\_\_\_\_\_\_\_ **RDT** **results:**\_197.TDR\_OtherResultsNRL \_\_\_\_\_ |
| **Latex:** 198.LatexNRL□ NmA □ NmC □ NmW/Y □ NmB/*E. coli* K1 □ *S. pneumoniae*  □ Hib □ StrepB □ Negative □ Not done  |
| **Culture:** 199.CultureNRL□ NmA □ NmC □ NmW □ NmY □ NmB□ NmX □ Nm indeterminate □ StrepB □ *S. pneumoniae* □ Hib □ Hinon-b□ Other germ (*specify*): \_\_\_\_\_\_\_\_200.CultureOtherNRL□ Contaminated □ Negative **□** Not done **□** NA | **Antibiogram:**Amoxicillin 201.Amoxicillin □ Sensitive □ Resistant □ Intermediate □ Not doneCeftriaxone 202.Ceftriaxone □ Sensitive □ Resistant □ Intermediate □ Not done Chloramphenicol 203.Chloramphenicol □ Sensitive □ Resistant □ Intermediate □ Not donePenicillin G 204.Penicillin □ Sensitive □ Resistant □ Intermediate □ Not doneOxacillin 205.Oxacilline □ Sensitive □ Resistant □ Intermediate □ Not doneOther:206.OtherAntibiotic 207.OtherAntibioticSensitivity□ Sensitive□ Resistant □ Intermediate □ Not done |
| **PCR:** □ NmA □ NmC □ NmW □ NmY □ NmB □ NmX □ Nm indeterminate □ *S. pneumoniae (specify genotype):* 209.Genotype\_Sp208.PCR □ Hib □ Hi non-b □ Contaminated (*specify*): 210.FinalResultOtherNRL □ Negative □ Not done □ NA |
| **Type of PCR:** □ Conventional □ Real Time 211.PCRType **Date PCR performed:**\_\_\_\_\_/\_\_\_\_/\_\_\_\_212.DatePCR  |
| **Observations:**  213.ObservationsNRL |
| **Final laboratory result:**214.FinalResultNRL | **Date results sent to:**  Health facility: 215.DateResultsSentHF\_\_/\_\_/\_\_\_ Disease Surveillance Department/MoH: 216.DateFinalResultsSentMOH\_\_/\_\_/\_\_ | **Final classification (national level):** □ Confirmed □ Probable □ Suspect217.FinalClassification |