

Add Ministry of Health Logo here

as appropriate

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| **1. UNIQUE IDENTIFIER NUMBER (EPID) :**  **/ \_** **\_\_** **\_ / \_** **\_ \_ \_ / \_** **\_ \_ \_ / \_** **\_** **\_ / \_ \_ \_ / \_ \_ \_ \_ \_ \_** **/**  (to be assigned at district level) Country Region District Year Disease Case Number | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. REPORTING HEALTH FACILITY NAME:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | **3. REPORTING SUB-DISTRICT:** |  | | | | | | | | | **4. REPORTING DISTRICT:** | | | | | | | | | | **5. REPORTING REGION:** | | | | | | | |
| **PATIENT IDENTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. PATIENT SURNAME:** | | | | | | | | | | | | **7. PATIENT FIRST NAME:** | | | | | | | | | | | | | |
| **8a. DATE OF BIRTH:**  / / *(dd/mm/yyyy)* ***OR*  8b. AGE IN YEARS:** ***OR*** If <12 months: **8c. AGE IN MONTHS:** ***OR* 8d. AGE IN DAYS**: | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. SEX: □** F-Female **□** M-Male □ 9-Unknown | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10. Patient’s District of Residence** *(Address*): | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11. Town/City/Village:** | | | | | | | | | | | | **12. □** U-**Urban** □ R-**Rural** □ 9-**Unknown** | | | | | | | | | | | | | |
| **13. Parent’s/caregiver’s name:** | | | | | | | | | | | | **14. Telephone number *(WhatsApp,Signal, etc)*:** | | | | | | | | | | | | | |
| **15. Patient Contact Notes:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **16. Date seen at health facility:** / / *(dd/mm/yyyy)* | | | | | | | | | | | | **17. Date of disease onset:** / / *(dd/mm/yyyy)* | | | | | | | | | | | | | |
| **18. Signs and Symptoms:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fever: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | Headache: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | | |
| Rash: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | Bulging fontanel: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | | |
| Photophobia: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | Seizure/convulsion: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | | |
| Neck stiffness: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | Altered consciousness: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | | |
| Vomiting: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | Diarrhea: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | | |
| Nausea: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | Other (*specify*): | | | | | | | | | | | | | |
| **19. Hospitalization status:** □ 1-Hospitalized □ 2-Outpatient □ 9-Unknown | | | | | | | | | | | | | | | | | | | | | | | | | |
| **20. Patient outcome:** □ 1-Alive (in treatment/ recovered) □ 2-Dead □ 9-Unknown | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VACCINATION STATUS** **21. Vaccinated:** □ 1-YES □ 2-NO □ 9-UNKNOWN(*If vaccinated, please complete the rest of this section)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **22. MenA (MenAfriVac; Conj.):** | | □ 1-Yes by card/register | | | | □ 2-Yes by verbal history | | | | | | | | □ 3-No | | | □ 9-Unknown | | **Date of MenA** | | | | | / / *(dd/mm/yyyy)* | |
| **23. MenACWYX (Penta;Conj.):** | | □ 1-Yes by card/register | | | | □ 2-Yes by verbal history | | | | | | | | □ 3-No | | | □ 9-Unknown | | **Date of MenACWYX** | | | | | / / *(dd/mm/yyyy)* | |
| **24. PCV:** | | □ 1-Yes by card/register | | | | □ 2-Yes by verbal history | | | | | | | | □ 3-No | | | □ 9-Unknown | | **Date of last PCV dose** | | | | | | / / *(dd/mm/yyyy)* |
| Number of doses | | □ 1 □ 2 □ 3 | | | |  | | | | | | | |  | | |  | |
| **25. Hib:** | | □ 1-Yes by card/register | | | | □ 2-Yes by verbal history | | | | | | | | □ 3-No | | | □ 9-Unknown | | **Date of last Hib dose** | | | | | / / *(dd/mm/yyyy)* | |
| Number of doses | | □ 1 □ 2 □ 3 | | | |  | | | | | | | |  | | |  | |
| **26. Other:** | | □ 1-Yes by card/register | | | | □ 2-Yes by verbal history | | | | | | | | □ 3-No | | | □ 9-Unknown | | **Date of MenA** | | | | | / / *(dd/mm/yyyy)* | |
| Vaccine Name: | |  | | | |  | | | | | | | |  | | |  | |
| **REPORTING HEALTH FACILITY INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **27. Name of reporter:** | | | | | | | | | | | | | **28. Reporter phone number:** | | | | | | | | | | | | |
| **29. Date record created:** | | / / | | | | | *(dd/mm/yyyy)* | | | | | **30. Date health facility notified district:** | | | | | | | | | | / / *(dd/mm/yyyy)* | | | |
| **31. Date health facility sent form to district:** / / *(dd/mm/yyyy)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SPECIMEN COLLECTION:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **32. Specimen Collected:** □ 1-Yes □ 2-No □ 9-Unknown *(Note : IF NO, please STILL complete the form and send to district disease control office)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| IF YES: Date of specimen collection: | | | | | | | | | | / / | | | | | | *(dd/mm/yyyy)* | | | | | | | | | |
| **Specimen Type:** | | | | □ 1-CSF | | | | □ 2-Blood | | | □ 3-Other (*specify*): | | | | | | | | | |  | | | | |
| **Appearance of CSF:** | □ 1-Clear | | □ 2-Turbid | | □ 3-Bloody | | | | □ 4-Xanthochromic | | | | | | □ 5-Citrin | | | □ 6-Cloudy | | □ 7-Purulent | | | □ 9-Not done | | |

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| **33. DISTRICT LABORATORY NAME:** | |  | | **53. NATIONAL REFERENCE LABORATORY NAME:** | |  |
| 34. Date specimen received at district: / / *(dd/mm/yyyy)* | | | | **54. Specimen ID NRL:**  Specimen labeled with EPID Number: □ 1-Yes □ 2-No  Date specimen received at NRL: / / *(dd/mm/yyyy)* | | |
| 35. Date form received at district: / / *(dd/mm/yyyy)* | | | |
| **36. REGIONAL LABORATORY NAME:** | |  | | **55. Type of specimen container received at NRL** (*Check all that apply*)**:**  □ 1-Trans-isolate □ 2-Cryotube □ 3-Dry tube □ 4-Other | | |
| 37. Date specimen received at region: | | / / *(dd/mm/yyyy)* | |
| **SPECIMEN TESTING AT PERIPHERAL LABORATORY:** | | | | **56 Specimen condition at NRL:**  Drytube specimen condition: □ 1-Adequate □ 2-Not Adequate  Trans-isolate specimen condition: □ 1-Adequate □ 2-Not Adequate  Cryotube specimen condition: □ 1-Adequate □ 2-Not Adequate | | |
| **CULTURE** | |  | |
| **38. Name of district or regional lab conducting test:** | | |  |
| **39. Culture Result:**  □ 1-NmA □ 2-NmC □ 3-NmW □4-NmY □ 5-NmB □ 6-NmX  □ 7-Nm Indeterminate □ 8-S. pneumo □ 9-Hib □ 10-*Hi* non-b  □ 11-Streptococcus B □ 12-Other organism (*specify*):  □ 13-Contaminated □ 14-Negative □ 15-Not done | | | |
| **57. Culture Results (NRL):**  □ 1-NmA □ 2-NmC □ 3-NmW □ 4-NmY □ 5-NmB □ 6-NmX  □ 7-Nm Indeterminate □ 8-S. pneumo □ 9-Hib □ 10-Hi non-b  □ 11-Strep B □ 12-Other organism (*specify*):  □ 13-Contaminated □ 14-Negative □ 15-Not done | | |
| **GRAM** | | | |
| **40. Name of district or regional lab conducting test:** | | |  |
| **41. Gram Result:**  □ 1-GPD □ 2-GND □ 3-GPB □ 4-GNB  □ 5-Other pathogens (specify):  □ 6-No organism seen □ 9-Not done | | | |
| **58. PCR Results (NRL):**  □ 1-NmA □ 2-NmC □ 3-NmW □ 4-NmY □ 5-NmB □ 6-NmX  □ 7-Nm Indeterminate □ 8-S. pneumo □ 9-Hib □ 10-*Hi* non-b  □ 11-Streptococcus B □12-Other organism (*specify*):  □ 13-Contaminated □ 14-Negative □ 15-Not done  **59. Date PCR performed:** / / *(dd/mm/yyyy)* | | |
| **RDT** | |  |  |
| **42. Name of district or regional lab conducting test:** | | |  |
| **43. RDT Type:** | | |  |
| **44. RDT Result:**  □ 1-NmA □ 2-NmC □ 3-NmW □ 4-NmY □ 5-NmB □ 6-NmX  □ 7-Nm Indeterminate □ 8-S. pneumo □ 9-Hib □ 10-Hi non-b  □ 11-Streptococcus B □ 12-Other organism (*specify*):  □ 13-Contaminated □ 14-Negative □ 15-Not done | | | |
| **60. Antibiogram:**  Ceftriaxone: □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done  Ciprofloxacin: □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done  Penicillin: □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done  Oxacillin: □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done  Other (*specify)*:  □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done | | |
| **LATEX**  **45. Name of district or regional lab conducting test:**  **46. Latex Result:**  □ 1-NmA □ 2-NmC □ 3-NmW/Y  □ 4-NmB/E. coli K1 □ 5-NmX □ 6-S. pneumo  □ 7-Hib □ 8-StrepB □ 9-Negative □ 10-Not done | | | |
| **61. Final laboratory result:**  □ 1-NmA □ 2-NmC □ 3-NmW □ 4-NmY □ 5-NmB □ 6-NmX  □ 7-Nm indeterminate □ 8-S. pneumo *(specify serotype)*  □ 9-Hib □ 10-*Hi* non-b □ 11-Streptococcus B  □12-Other organism (*specify*):  □ 13-Contaminated □ 14-Negative □ 15-Not done | | |
| **CYTOLOGY**  **47. Name of district or regional lab conducting test:**  **48. White Cell Count:**  /mm3 | | | |
| **OTHER TESTS PERFORMED** |  | | |
| **49. Other test performed:** | □ 1-Yes □ 2-No □ 9-Unknown | | |
| **50. Name of district or regional lab conducting test:**  **51. Name of other test(s):**  **52. Result(s):** | | | | **62. Final Classification:**  □ 1-Confirmed □ 2-Probable □ 3- Suspect | | |
| **63. Observations (all labs):** | | | |  | |  |
| FINAL LABORATORY RESULT TRANSMISSION: | | | |  | |  |
| **64. Date final results sent to MOH:** / / *(dd/mm/yyyy*  **65. Date final results sent to district:** / / *(dd/mm/yyyy)* | | | | | **66. Date final results sent to health facility:** / / *(dd/mm/yyyy)*  **67. Date final results received at district:** / / *(dd/mm/yyyy)* | |

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| **1. UNIQUE IDENTIFIER NUMBER (EPID) :** 1a.EpidNumber **/ \_**1b.Country **\_ / \_** **\_ \_ \_ / \_** **\_ \_ \_ / \_**1c.Year **\_ / \_ \_ \_ / \_ \_ \_ \_ \_ \_** **/**  (to be assigned at district level) Country Region District Year Disease Case Number | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. REPORTING HEALTH FACILITY NAME:** 2.HealthFacility | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | **3. REPORTING SUB-DISTRICT:** | 3.Subdistrict | | | | | | | | | **4. REPORTING DISTRICT:** 4.District | | | | | | | | | | **5. REPORTING REGION:** 5.Region | | | | | | | |
| **PATIENT IDENTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. PATIENT SURNAME:**  6.FamilyName | | | | | | | | | | | | **7. PATIENT FIRST NAME:** 7.FirstName | | | | | | | | | | | | | |
| **8a. DATE OF BIRTH:** 8a.DateOfBirth / / *(dd/mm/yyyy)* ***OR*  8b. AGE IN YEARS:** 8b.AgeYears ***OR*** If <12 months: **8c. AGE IN MONTHS:** 8c.AgeMonths ***OR* 8d. AGE IN DAYS**: 8d.AgeDays | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. SEX: □** F-Female **□** M-Male □ 9-Unknown 9.Sex | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10. Patient’s District of Residence** *(Address*):10.DistrictResidence | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11. Town/City/Village:** 11.Village | | | | | | | | | | | | **12. □** U-**Urban** □ R-**Rural** □ 9-**Unknown** 12.UrbanRural | | | | | | | | | | | | | |
| **13. Parent’s/caregiver’s name:** 13.ParentName | | | | | | | | | | | | **14. Telephone number *(WhatsApp,Signal, etc)*:** 14.PhoneNum | | | | | | | | | | | | | |
| **15. Patient Contact Notes:** 15.ContactNotes | | | | | | | | | | | | | | | | | | | | | | | | | |
| **16. Date seen at health facility:** / / *(dd/mm/yyyy)* 16.DateConsultation | | | | | | | | | | | | **17. Date of disease onset:** / / *(dd/mm/yyyy)* 17.DateOnset | | | | | | | | | | | | | |
| **18. Signs and Symptoms:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18a Fever Fever: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | 18g Headache Headache: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | | |
| 18b Rash Rash: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | 18h BulgeFontanel Bulging fontanel: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | | |
| 18c Photophobia Photophobia: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | 18i Seizure Seizure/convulsion: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | | |
| 18d StiffNeck Neck stiffness: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | 18j AlteredConscious Altered consciousness: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | | |
| 18e Vomiting Vomiting: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | 18k Diarrhea Diarrhea: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | | |
| 18f Nausea Nausea: □ 1-Yes □ 2-No □ 9-Unknown | | | | | | | | | | | | Other (*specify*): 18L OtherSymptom | | | | | | | | | | | | | |
| **19. Hospitalization status:** □ 1-Hospitalized □ 2-Outpatient □ 9-Unknown 19.InOutPatient | | | | | | | | | | | | | | | | | | | | | | | | | |
| **20. Patient outcome:** □ 1-Alive (in treatment/ recovered) □ 2-Dead □ 9-Unknown 20.Outcome | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VACCINATION STATUS** **21. Vaccinated:** □ 1-YES □ 2-NO □ 9-UNKNOWN(*If vaccinated, please complete the rest of this section)* 21.VaccinationStatus | | | | | | | | | | | | | | | | | | | | | | | | | |
| **22. MenA (MenAfriVac; Conj.):** 22a.MenA | | □ 1-Yes by card/register | | | | □ 2-Yes by verbal history | | | | | | | | □ 3-No | | | □ 9-Unknown | | **Date of MenA** | | | | | 22b.DateMenA  / / *(dd/mm/yyyy)* | |
| **23. MenACWYX (Penta;Conj.):** 23a.Penta | | □ 1-Yes by card/register | | | | □ 2-Yes by verbal history | | | | | | | | □ 3-No | | | □ 9-Unknown | | **Date of MenACWYX** | | | | | 23b.DatePenta  / / *(dd/mm/yyyy)* | |
| **24. PCV:** 24a.PCV | | □ 1-Yes by card/register | | | | □ 2-Yes by verbal history | | | | | | | | □ 3-No | | | □ 9-Unknown | | **Date of last PCV dose** | | | | | | 24b.DatePCV\_LASTDOSE  / / *(dd/mm/yyyy)* |
| 24c.DosePCV Number of doses | | □ 1 □ 2 □ 3 | | | |  | | | | | | | |  | | |  | |
| **25. Hib:** 25a.Hib | | □ 1-Yes by card/register | | | | □ 2-Yes by verbal history | | | | | | | | □ 3-No | | | □ 9-Unknown | | **Date of last Hib dose** | | | | | 25b.DateHib\_LASTDOSE  / / *(dd/mm/yyyy)* | |
| 25c.DoseHib Number of doses | | □ 1 □ 2 □ 3 | | | |  | | | | | | | |  | | |  | |
| **26. Other:** 26a.OtherVaccine | | □ 1-Yes by card/register | | | | □ 2-Yes by verbal history | | | | | | | | □ 3-No | | | □ 9-Unknown | | **Date of MenA** | | | | | 26b.DateOtherVaccine  / / *(dd/mm/yyyy)* | |
| Vaccine Name: | | 26c.OtherVaccineName | | | |  | | | | | | | |  | | |  | |
| **REPORTING HEALTH FACILITY INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **27. Name of reporter:** 27.ReporterHF | | | | | | | | | | | | | **28. Reporter phone number:** 28.ReporterPhone | | | | | | | | | | | | |
| **29. Date record created:** | | / / | | | | | *(dd/mm/yyyy)* 29.DateCreated | | | | | **30. Date health facility notified district:** 30.DateHFNotifiedDistrict | | | | | | | | | | / / *(dd/mm/yyyy)* | | | |
| **31. Date health facility sent form to district:** / / *(dd/mm/yyyy)* 31.DateFormSentDistrict | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SPECIMEN COLLECTION:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **32. Specimen Collected:** 32a.SpecimenCollected □ 1-Yes □ 2-No □ 9-Unknown *(Note : IF NO, please STILL complete the form and send to district disease control office)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| IF YES: Date of specimen collection: | | | | | | | | | | / / | | | | | | *(dd/mm/yyyy)* 32b.DateSpecimenCollected | | | | | | | | | |
| **Specimen Type:** 32c.SpecimenType | | | | □ 1-CSF | | | | □ 2-Blood | | | □ 3-Other (*specify*): 32d.SpecimenTypeOther | | | | | | | | | |  | | | | |
| **Appearance of CSF:** 32e.Aspect | □ 1-Clear | | □ 2-Turbid | | □ 3-Bloody | | | | □ 4-Xanthochromic | | | | | | □ 5-Citrin | | | □ 6-Cloudy | | □ 7-Purulent | | | □ 9-Not done | | |

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| **33. DISTRICT LABORATORY NAME:** | | 33.DistrictLab | | **53. NATIONAL REFERENCE LABORATORY NAME:** | 53.LabNameNRL |
| 34. Date specimen received at district: / / *(dd/mm/yyyy)*  34.DateSpecimenReceivedDistrict | | | | **54. Specimen ID NRL:** 54a.SpecimenIDNRL  Specimen labeled with EPID Number: □ 1-Yes □ 2-No 54b.SpecimenLabelID  Date specimen received at NRL: / / *(dd/mm/yyyy)* 54c.DateSpecimenReceivedNRL | |
| 35. Date form received at district: / / *(dd/mm/yyyy)* 35.DateFormReceivedDistrict | | | |
| **36. REGIONAL LABORATORY NAME:** | | 36.RegionLab | | **55. Type of specimen container received at NRL** (*Check all that apply*)**:** 55.ContainerType  □ 1-Trans-isolate □ 2-Cryotube □ 3-Dry tube □ 4-Other | |
| 37. Date specimen received at region: | | / / *(dd/mm/yyyy)* 37.DateSpecimenReceivedRegion | |
| **SPECIMEN TESTING AT PERIPHERAL LABORATORY:** | | | | **56 Specimen condition at NRL:**  Drytube specimen condition: □ 1-Adequate □ 2-Not Adequate 56a.ConditionDrytubeNRL  Trans-isolate specimen condition: □ 1-Adequate □ 2-Not Adequate 56b.ConditionTINRL  Cryotube specimen condition: □ 1-Adequate □ 2-Not Adequate 56c.ConditionCryotubeNRL | |
| **CULTURE** | |  | |
| **38. Name of district or regional lab conducting test:** | | | 38.LabNameCulture |
| **39. Culture Result:** 39a.CulturePeripheral  □ 1-NmA □ 2-NmC □ 3-NmW □4-NmY □ 5-NmB □ 6-NmX  □ 7-Nm Indeterminate □ 8-S. pneumo □ 9-Hib □ 10-*Hi* non-b  □ 11-Streptococcus B □ 12-Other organism (*specify*): 39b.CultureOtherPeripheral  □ 13-Contaminated □ 14-Negative □ 15-Not done | | | |
| **57. Culture Results (NRL):** 57a.CultureNRL  □ 1-NmA □ 2-NmC □ 3-NmW □ 4-NmY □ 5-NmB □ 6-NmX  □ 7-Nm Indeterminate □ 8-S. pneumo □ 9-Hib □ 10-Hi non-b  □ 11-Strep B □ 12-Other organism (*specify*):57b.CultureOtherNRL  □ 13-Contaminated □ 14-Negative □ 15-Not done | |
| **GRAM** | | | |
| **40. Name of district or regional lab conducting test:** | | | 40.LabNameGram |
| **41. Gram Result:** 41a.GramResult  □ 1-GPD □ 2-GND □ 3-GPB □ 4-GNB  □ 5-Other pathogens (specify): 41b.GramResultOther  □ 6-No organism seen □ 9-Not done | | | |
| **58. PCR Results (NRL):** 58a.PCR  □ 1-NmA □ 2-NmC □ 3-NmW □ 4-NmY □ 5-NmB □ 6-NmX  □ 7-Nm Indeterminate □ 8-S. pneumo □ 9-Hib □ 10-*Hi* non-b  □ 11-Streptococcus B □12-Other organism (*specify*): 58b.PCROther  □ 13-Contaminated □ 14-Negative □ 15-Not done  **59. Date PCR performed:** / / *(dd/mm/yyyy)* 59.DatePCR | |
| **RDT** | |  |  |
| **42. Name of district or regional lab conducting test:** | | | 42.LabNameRDT |
| **43. RDT Type:** 43.RDTType | | |  |
| **44. RDT Result:** 44a.RDTResult  □ 1-NmA □ 2-NmC □ 3-NmW □ 4-NmY □ 5-NmB □ 6-NmX  □ 7-Nm Indeterminate □ 8-S. pneumo □ 9-Hib □ 10-Hi non-b  □ 11-Streptococcus B □ 12-Other organism (*specify*): 44b.RDTResultOther  □ 13-Contaminated □ 14-Negative □ 15-Not done | | | |
| **60. Antibiogram:**  Ceftriaxone: □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done 60a.Ceftriaxone  Ciprofloxacin: □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done 60b.Ciprofloxacin  Penicillin: □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done 60c.Penicillin  Oxacillin: □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done 60d.Oxacillin  Other (*specify)*: 60e.OtherAntibiotic  □ S-Sensitive □ R-Resistant □ I-Intermediate □ 9-Not done 60.fOtherAntibioticResult | |
| **LATEX**  **45. Name of district or regional lab conducting test:** 45.LabNameLatex  **46. Latex Result:** 46.LatexResult  □ 1-NmA □ 2-NmC □ 3-NmW/Y  □ 4-NmB/E. coli K1 □ 5-NmX □ 6-S. pneumo  □ 7-Hib □ 8-StrepB □ 9-Negative □ 10-Not done | | | |
| **61. Final laboratory result:** 61a.FinalResultNRL  □ 1-NmA □ 2-NmC □ 3-NmW □ 4-NmY □ 5-NmB □ 6-NmX  □ 7-Nm indeterminate □ 8-S. pneumo *(specify serotype)* 61b. SPNSerotype  □ 9-Hib □ 10-*Hi* non-b □ 11-Streptococcus B  □12-Other organism (*specify*): 61c. FinalResultOtherNRL  □ 13-Contaminated □ 14-Negative □ 15-Not done | |
| **CYTOLOGY**  **47. Name of district or regional lab conducting test:** 47.LabNameCytology  **48. White Cell Count:**  48.WhiteCellCount /mm3 | | | |
| **OTHER TESTS PERFORMED** |  | | |
| **49. Other test performed:** 49.OtherTest | □ 1-Yes □ 2-No □ 9-Unknown | | |
| **50. Name of district or regional lab conducting test:** 50.LabNameOther  **51. Name of other test(s):** 51.OtherTestName  **52. Result(s):** 52.OtherTestResult | | | | **62. Final Classification:**  62. FinalClassification  □ 1-Confirmed □ 2-Probable □ 3- Suspect | |
| **63. Observations (all labs):** 63. Observations | | | |  |  |
| FINAL LABORATORY RESULT TRANSMISSION: | | | |  |  |
| **64. Date final results sent to MOH:** / / *(dd/mm/yyyy)* 64.DateResultsSentMOH  **65. Date final results sent to district:** / / *(dd/mm/yyyy)* 65.DateResultsSentDistrict | | | | **66. Date final results sent to health facility:** / / *(dd/mm/yyyy)* 66.DateResultsSentHF  **67. Date final results received at district:** / / *(dd/mm/yyyy)* 67.DateResultsReceivedDistrict | |