

**Request Form for Scrub typhus and Leptospirosis diagnosis**

Patient ID NO. in Hospital.....		Type of Sample: Serum / blood	Date
Patient Name:		Age..... years	Sex- M / F
S/o D/o W/o :	Village/ Mohalla:.....	District:	
	Block/ Tehsil:.....	Ph. no.....	
Date of Sample Collection:.. / .. / .....		Education level-	
Type of food habit- Veg / Non-Veg		Occupation-	
Tests conducted for other diseases-			
<b>Clinical Signs/Symptoms (Mention YES / NO in respective column)</b>			
Fever (C/F) (Duration .....days)		Vomition-	
Eschar on body		Diarrhea -	
Rashes on whole body / Trunk / Oro-genital region		Abdominal Pain -	
Throat infection/ Cough with or without hemoptysis		Splenomegaly -	
Heamorrhagic manifestations-		Cardiac arrhythmias-	
Anuria /oliguria / Proteinuria		Encephalitis/ Meningitis-	
Myalgia /Joint Pain		Report of conducted test for– Dengue, Malaria etc	
Respiratory signs –Breathlessness		Additional comments by doctor (if any):	
Lymphadenopathy			
<b>For Laboratory Use</b>			
-----Cut hear and file separately-----			
<b>Consent</b>			
I am explained and have understood that the sample collected for the scrub typhus test may be used for diagnosis of other pathogens for research purpose and will aid in understanding and mitigating these diseases. I have no objection for this since my identity will be kept confidential. I am willingly participating in the study.			
<b>Doctor's</b>		<b>Patient's/ Guardian's</b>	
Signature:.....		Signature:	
Name.....		.....	
Mobile No - .....		Name.....	
Name of Hospital-.....		Mobile No - .....	
E mail ID:			

Note: Complete the form and send along with sample. Samples with incomplete/unsigned forms may not be considered for testing the sample.