Smt. NHL Municipal Medical College & SVPIMSR HOSPITAL
Ellisbridge, Ahmedabad, 380006
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REQUEST FORM FOR RABIES TESTING (HUMAN CLINICAL SPECIMENS)

Patient Information			
Name of the patient:			
Age: _____*Years*____*Months*	**Gender:** *Male* □ *Female* □ *Others* □		**Hospital IP/OP No.:**
Name of spouse/parent/guardian:			
Address:			
Village/Town:	**Taluka :**	**District:**	**State:**
Referring Hospital:		**Department:**	
Attending physician: Dr.		**Contact No.:**	**Email:**
Date of onset of illness: __/__/20____	**Date of hospital admission:** __/__/20____		**If expired, date of death:** __/__/20____
Provisional diagnosis:			
Purpose of testing	**Ante-mortem testing for rabies** □		**Post-mortem testing for rabies** □

Exposure History (Please tick the relevant responses)			
Known history of exposure to a suspected/confirmed rabid animal:	*Yes* □	*No* □	*Unknown* □
If yes, date of exposure: __/__/20____	**Was this a repeat exposure?** *Yes* □	*No* □	*Unknown* □
Type of animal involved: *Domestic/pet* □ *Stray* □ *Wild* □	**Type of bite:** *Provoked* □	*Unprovoked* □	*Unknown* □
Species of animal involved	*Dog* □ *Cat* □ *Fox* □ *Jackal* □ *Cattle* □ *Sheep* □ *Goat* □ *Monkey* □		
	Mongoose □ *Bat* □ *Others (Specify):*		
Rabies vaccination status of the animal (if domestic/pet)	*Vaccinated* □	*Unvaccinated* □	*Unknown* □
Body part affected	*Head and neck* □ *Chest* □ *Abdomen* □ *Hands* □ *Fingers* □ *Thighs* □ *Legs* □		
	Toes □ *Genitals* □ *Others (Specify):*		
Category of Exposure	*Category I* □	*Category II* □	*Category III* □

Post-Exposure Rabies Prophylaxis Received (Please tick the relevant responses)						
Local wound management	**Immediate washing of exposed area with soap and water** *Done* □	*Not done* □	*Unknown* □			
	Application of antiseptic to the exposed area after washing *Done* □	*Not done* □	*Unknown* □			
	History of application of herbal extracts/turmeric/ash etc. to the area *Yes* □	*No* □	*Unknown* □			
	Wound suturing *Done* □	*Not done* □	*Unknown* □			
Rabies vaccination	**Receipt of rabies vaccine immediately after exposure** *Yes* □	*No* □	*Unknown* □			
	Delay, if any, till administration of 1st dose of rabies vaccine:					
	History of previous pre-exposure/post-exposure prophylaxis for rabies:					
	Details of rabies vaccine received					
	Type of vaccine:	**No. of doses received:**	**Route:** *IM* □	*ID* □		
	Date	*1st Dose:*	*2nd Dose:*	*3rd Dose:*	*4th Dose:*	*5th Dose:*
	Missed dose(s), if any:					
Administration of rabies immunoglobulin (RIG)/rabies monoclonal globulin (RMG)	**Infiltration of all wounds with RIG/RMG** *Done* □	*Not done* □	*Unknown* □			
	Delay, if any, till administration of RIG/RMG (from the time of exposure) *Less than 24 hours* □	*25-72 hours* □	*72 hours-7 days* □	*More than 7 days* □		
	Type of preparation received	*Equine RIG* □	*Human RIG* □	*Rabies Monoclonal Globulin* □		
	Mode of administration	*Infiltration into wound(s)* □	*Intramuscular injection* □	*Both* □		

Brief Clinical History

Does the patient meet the case definitions for rabies? (Please tick the relevant category)	Suspected case of rabies □	Probable case of rabies □	
Clinical presentation	Encephalitic □	Paralytic □	Atypical □

Laboratory and Imaging Findings (Please attach relevant copies)			
CSF	**Protein:**____*mg/dL*	**Glucose:** ____*mg/dL*	
	Total cell count _____*cells/mm³*	**Differential count:**	
CT Scan	**Done** □ **Not done** □	**Date performed:** ___/__/*20*___	
	Summary findings:		
MRI Scan	**Done** □ **Not done** □	**Date performed:** ___/__/*20*___	
	Summary findings:		
Findings from routine laboratory investigations			

Sl. No.	Type of specimen (Please tick the relevant option)	Ante-mortem/post-mortem	Date of collection
1	Salivary impression □		
2	Corneal impression □		
3	Brain tissue □		
4	Others (Specify) □		

For Laboratory Use Only			
Date of receipt of samples: ___/__/*20*___	**Time of receipt:** ___:__ *HRS*	**Received by:**	
Quality Control Check	*Pass* □ *Fail* □ *If failed, reason:* _____		
Date of testing: __/__/*20*___	**Tests done:**		
Date of issuing test report: ___/__/*20*___			

Consent Form (For Patients Aged 18 years and above)

I, **Mr./Mrs./Kum.**_____, aged **____years ____months** hereby give my full consent for collection of clinical samples of self/the patient (*strike off whichever is not relevant*) named **Mr./Mrs./Kum. _____aged __years___months,** for laboratory testing for rabies at Smt. NHL Municipal Medical College, Ahmedabad. I hereby **give / do not give** (*strike off whichever is not relevant)* my full consent to the Smt. NHL Municipal Medical College, Ahmedabad, Gujrat, India, to preserve the remainder of the clinical samples for additional testing for other probable causes of neurological infections and to use them for future research related to public health, virology or clinical medicine, maintaining full anonymity and confidentiality of my identity, and with due approval from competent authorities.

Date	*Name of the person signing the consent and relationship with the patient*	*Signature /thumb impression of the person signing the consent*

Signature of a witness

Assent Form (For Patients Aged 12-17 years)

I, **Master/Miss**_____, aged **_____years _____months** hereby give my full consent for collection of my clinical samples for rabies testing at Smt. NHL Municipal Medical College, Ahmedabad.

I hereby **give / do not give** (*strike off whichever is not relevant)* my full consent to the ICMR-National Institute of Virology, Pune, Maharashtra, India, to store the leftover samples for further testing for other disease-causing

Date	*Name of the patient*	*Signature /thumb impression of the patient*

Signature of a witness