

CD LAB REPORT

Name:		Team:
DOB:	Age:	PARIS ID:
Gender:		PHN:

Header Details

Date Started:	End Date:
Carried Out By:	Assessment ID:
Recorded By:	Assoc. Referral ID:

Lab Reports

Record Status: Addition Revision Deletion Other

Lab confirmed?

Specimen #:

Date Speciment Collected

Date Reported

Report Source

Source

Specify

Ordered By

Phone Number

Alternate Number

Disease

Subtype

Agent/Subtype Not in List

Status

Status Date

Indication For Testing

If OTHER, Specify

Source of Specimen

Blood

NPW

Urine

CSF

Stool

Viral Swab

Eye Swab

Throat and Sputum

Washing

Fine Needle Aspirate

Tissue

Other Sterile Site

Specify

If OTHER, Specify

Results

Serogroup

Serotype

If OTHER, Specify

Phagetype

Biotype

Antibody Reactive

Reactive

Non Reactive

Indeterminate

Titre

