

**NATIONAL INFLUENZA LABORATORY
DEPARTMENT OF VIROLOGY
MEDICAL RESEARCH INSTITUTE
COLOMBO – SRI LANKA.**

MRI NO:

Name :

Age: Sex: M / F Address:.....

Institution:

Ward / OPD: BHT No:.....

Date of collection of sample:

Sample Type:

Mode of Transport: In Viral transport medium, in ice

Clinical Hx: Temperature >38°C - Y / N

Cough & Cold- Y / N

Sore Throat- Y / N

Difficulty in Breathing / Shortness of Breath

Duration of the illness:

Country Visited: Date of arrival in Sri Lanka:.....

Any contact history with H1N1 confirmed patient- Y / N

Complications:

Investigations:

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Chest X-ray :

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Other :

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Telephone No of the requesting Clinician.....

Signature of the Clinician.....

Note: Unless this form is properly filled and the specimen is properly transferred the request may be rejected.

FOR LABORATORY USE.

Date of Receipt of sample:

Condition of the sample :

Result :