

New Zealand National Measles Laboratory Canterbury Health Laboratories

Rubella Reporting form

To be completed only if case report form not completed

| Rubella Laboratory Request and Result Form | | | |
|---|------------------------------|-----------------------------|----------------------------|
| Country: | Patient number: | Date: | |
| Patient name: | | | |
| Date of birth: | Age in months: | M <input type="checkbox"/> | F <input type="checkbox"/> |
| Name of parent or guardian: | | | |
| Address: | | | |
| | | | |
| | | | |
| VACCINATION HISTORY | | | |
| Number of doses of rubella vaccine: | | Date of last dose: | |
| CLINICAL HISTORY | | | |
| Travel history: | | | |
| Rash: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Onset date: |
| Fever: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Onset date: |
| Cough: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Runny Nose/Coryza: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Red Eyes/Conjunctivitis | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Other Symptoms: | | | |
| Clinical Diagnosis: | | | |
| CONTACT HISTORY | | | |
| Household: | | | |
| School / Daycare: | | | |
| Other: | | | |
| SPECIMEN | DATE OF COLLECTION | DATE OF SHIPMENT | |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| Name of person to whom laboratory results should be sent: | | | |
| Address: | | | |
| | | | |
| Telephone number: | | Fax number: | |

| | | | | | |
|--|----------------------|-------------|----------------|----------------|-------------------------|
| FOR USE BY THE RECEIVING LABORATORY | | | | | Reference ID No: |
| Laboratory ONLY | | | | | |
| INITIAL TESTING | | | | | |
| Name Testing Laboratory: | | | | | |
| Tests performed | | | Results | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Sent to Reference Laboratory Date: | | | | | |
| REFERENCE LABORATORY | | | | | |
| Name of Laboratory: | | | | | |
| Sample Received | Date Received | Test | Result | Comment | Report Issued |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SUMMARY

Confirmed Rubella: Yes No