STERILE SITE ISOLATES

Regional Laboratory Data Form for Invasive
H. influenzae, S. pneumoniae, N. meningitidis, Salmonella spp.
Shigella spp. *and C. neoformans*

PLEASE ATTACH A COPY OF LABORATORY REPORT OR WORKING CARD

RESPIRATORY AND MENINGEAL PATHOGENS RESEARCH UNIT (**RMPRU**)
TEL: (011) 555 0315/7
FAX: (011) 555 0437

MYCOLOGY REFERENCE UNIT (**MRU**)
TEL: (011) 555 0384
FAX: (011) 555 0435

ENTERIC DISEASES REFERENCE UNIT (**EDRU**)
TEL: (011) 555 0333/4
FAX: (011) 555 0433

REGIONAL LABORATORY SPECIMEN NUMBER: ☐☐☐☐☐☐☐☐☐☐

Hospital Name: ____________________ Laboratory Name: ____________________
(Where patient is admitted)

Laboratory Contact Person: ____________________ Laboratory Tel**:** ☐☐☐☐☐☐☐☐☐☐

PATIENT DETAILS

Surname: First Name: ____________________

Sex: ☐ M ☐ F

Date of Birth:(dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

WARD:

Age/Units: ☐ Days ☐ Months ☐ Yrs

Hospital No.: ☐☐☐☐☐☐☐☐☐☐

Admission Date:(dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

Province: ____________________ Town: ____________________

DIAGNOSIS & OUTCOME

Diagnosis: ☐ Meningitis ☐ LRTI ☐ Bacteraemia/Fungaemia ☐ Dysentery ☐ Diarrhoea

☐ Other, specify ____________________ ☐ Unknown

Outcome at current date: ☐ Recovered ☐ Died ☐ Unknown

SPECIMEN DETAILS

Collection Date: (dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

Gram stain result: ____________________ India ink: ☐ Pos ☐ Neg ☐ Not done

Latex Test Results (if tested):

Cryptococcal ☐ Pos ☐ Neg ☐ Not Done

Bacterial ☐ Pos Specify: ____________________ ☐ Neg ☐ Not Done

Organism isolated? ☐ Yes ☐ No

Identification of organism:

☐ *S. pneumoniae* ☐ *H. influenzae* ☐ *N. meningitidis* ☐ *C. neoformans*

☐ *Salmonella typhi* ☐ Non-typhoidal *Salmonella* spp. ☐ *Shigella* spp. ☐ Other, specify: __________

SOURCE OF ISOLATE

☐ Blood Culture ☐ CSF ☐ Blood Culture and CSF ☐ Other, specify: ____________________

Did original specimen yield mixed culture? ☐ Yes ☐ No If yes, specify organisms: ____________________

PAST HISTORY

Did patient have any of the above isolates previously? ☐ Yes ☐ No If yes, specify organism: ____________________

Date of previous isolate: (dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

Regional laboratory number: ☐☐☐☐☐☐☐☐☐☐☐☐

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