NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

Centre for Emerging Zoonotic and Parasitic Diseases
SPECIAL BACTERIAL PATHOGENS REFERENCE LABORATORY
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CASE INVESTIGATION FORM
Suspected Leptospirosis

EPISODE NUMBER
For laboratory use only

Please complete all sections, tick where necessary, and attach previous test results

PATIENT DETAILS

Patient name (in full)				Age		Date of birth	dd / mm / yyyy
Residential address						Sex	M / F
Race	Black	White	Indian	Coloured	Occupation	Please describe	

COURSE OF ILLNESS

Treating physician					Contact number			
Date of consult	dd / mm / yyyy	Patient symptomatic?	Y	N	Patient pregnant?	Y	N	month / week / day
Date of onset	dd / mm / yyyy	Illness duration from onset	month / week / day		Patient hospitalized?	Y	N	
Admission date	dd / mm / yyyy	Hospital						
Ward	Please provide details							
Outcome	Discharge	Death	Transferred	Unknown	Date of discharge	dd / mm / yyyy		
Date of transfer	dd / mm / yyyy	Transfer details	Please provide details					

PATIENT CLINICAL COURSE

Acute fever ___**°C**	Y	N	Myalgia	Y	N	Jaundice	Y	N	Seizures	Y	N
Chills	Y	N	Lower back pain	Y	N	Hepatitis	Y	N	Meningitis	Y	N
Headache	Y	N	Joint pain	Y	N	Swollen feet/ankle	Y	N	Encephalitis	Y	N
Nausea	Y	N	Conjunctival suff.	Y	N	Swollen hands	Y	N	Renal failure	Y	N
Vomiting	Y	N	Chest pain	Y	N	Breathlessness	Y	N	Cardiac failure	Y	N
Cough	Y	N	Skin rash	Y	N	Haemorrhage	Y	N	Lung function loss	Y	N
Loss of appetite	Y	N	Diarrhea	Y	N	Cough up blood	Y	N	Other	Y	N
If other	Please provide details										

PATHOLOGICAL FINDINGS

Test	Date	Result
WBC count	dd / mm / yyyy	10^9/L
Diff N/L	dd / mm / yyyy	%
Platelet count	dd / mm / yyyy	10^9/L
Haemoglobin	dd / mm / yyyy	g/dL
Coagulation (INR)	dd / mm / yyyy	
AST	dd / mm / yyyy	IU/L
ALT	dd / mm / yyyy	IU/L
Bilirubin (total + conj.)	dd / mm / yyyy	mg/dL
Urea & Creatinine	dd / mm / yyyy	mg/dL
Malaria screen	dd / mm / yyyy	

TREATMENT

Treatment started	dd / mm / yyyy	**DOX**	**PEN**	**N/A**
Other treatment	Please specify below			
Treatment outcome (please specify)				
□ Uneventful recovery				
□ Recovery with sequelae				
□ Prolonged with complications				
□ Death **(Date of demise** dd / mm / yyyy **)**				

Antibiotic	Dosage	Start	End

PATIENT EXPOSURE HISTORY

Previous leptospirosis infection?	Y	N	Please provide details
Any exposure to rodents?	Y	N	Please provide details
Recent natural flooding at residence?	Y	N	Please provide details
Recent travel?	Y	N	Please provide details
Recent water sports or activities?	Y	N	Please provide details

Has the patient engaged in and/or practice any of the following activities?

□ Farming □ Gardening □ Fishing □ Swimming □ Camping □ Hiking □ Hunting □ Owns pets □ Other

If other: Please provide details

In the last 30 days, has the patient came into any contact with the following animals?

□ Rodents □ Farm animals □ Wild animals □ Dogs □ Livestock □ Other

If other: Please provide details

SUBMISSION INFORMATION

Send completed CIF along with patient sample to:
ATT: Dr Jenny Rossouw (jennyr@nicd.ac.za)
Special Bacterial Pathogens Reference Laboratory, 1 Modderfontein Road, Sandringham, Johannesburg, 2192 RSA

*Other remarks*_____

Name of person completing this form: _____ **Date:** _____

Designation: _____ **Signature:** _____