

Name of AEFI Case:	Case ID IND (AEFI) ^{State Code/District Code/Year/Serial No.}
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2. Test requested:

3. Preliminary clinical diagnosis (working hypotheses) of district AEFI committee:

4. Name & complete address of officials to whom laboratory results should be sent:

Send to	Complete address	Phone/fax	Mobile	email ID
State drug controller				
State cold chain officer				
State EPI Officer				
District immunization officer (DIO)				
Others (specify)				

To be completed by lab officials after receiving the specimen

Date of receipt of specimen(s) at laboratory	D	D	M	M	Y	Y	Y	Y
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Name of person receiving specimen(s) at laboratory	
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Condition of specimen(s) upon receipt at lab (<i>encircle</i>)	Good*	Poor	Unknown
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Comments by pathologist, virologist or bacteriologist:

Date specimen(s) results sent from this lab	D	D	M	M	Y	Y	Y	Y
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Name of laboratory professional	
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Signature

Landline No.:	Fax No.:	email ID:
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* Criteria for "good" condition: Samples sent as per AEFI guidelines.