

A) Individual Patient Reporting format
(Name of the reporting laboratory i.e. Dept of Microbiology, NCDC/Dr RMLH etc)

Result of suspected case of Influenza (Category C)

Lab. No. / Sample no. _____

Name of the Patient _____

CR No. _____

Age _____ Gender Male/Female

Address _____

Mobile Number _____

Date of sample collection _____

Name of the hospital _____

Type of sample _____

Report No: _____ Report Date: ___/___/_____

Result of q RT PCR test:

Inf A Target gene	Inf A Pdm H1 Target gene	Inf A H3 Target gene	Inf B Target gene	Other	Interpretation of the test (Seasonal Inf A H3/ Seasonal InfA Pdm H1N1/ Untypable Influenza/ Invalid test)Positive/Negative

Signature & Seal of the doctor