Patient Investigating Form for Measles

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| --- | --- | --- |
| 01. | Patient Name |  |
| 02. | Father’s Name |  |
| 03. | Age |  |
| 04. | CNIC |  |
| 05. | Contact Number |  |
| 06. | Referring Physician |  |
| 07. | Address |  |

Referred test: Anti Measles (IgM)

History:

Comments:

**SOPs to be followed:**

1. Ship specimens for testing as soon as possible.
2. Samples must be collected in gel/serum separator tube (tiger top tube)
3. Clearly label the tube with a permanent marker.
4. Complete the patient investigation form.
5. Pack the tube in proper packaging.
6. Cover spill completely with paper towels and pour disinfectant solution (0.5% sodium hypochlorite) over paper towels. Allow paper towels soaked with disinfectant to stand for 30 minutes. Clean up the spill. Rinse area with 70% ethanol or water. Place spill clean-up materials in a biomedical container (red bag). Wash hands with soap and water.
7. Include a frozen cold pack with the specimen.
8. Write the address on the packaging.
9. Surgical mask and gloves are recommended for all procedure.

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Dengue Section

Immunology and Serology Lab

PHRL, KMU phase 5, Peshawar. Contact number: