Patient Investigating Form for CCHF

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

Referred test: RT-PCR

History:

Comments:

**SOP to be followed:**

1. Take 3ml peripheral blood in EDTA/Gel/sterile glass or plastic tubes.
2. Clearly label the tube with a permanent marker.
3. Complete the case investigation form.
4. Pack the tube in triple packaging.
5. Write the address on the packaging.
6. Surgical mask and gloves are recommended for all procedure.

✂------------------------------------------------------------------------------------

CCHFV Section

Molecular Biology Lab

PHRL, KMU phase 5, Peshawar. Contact number: