

National Centre for Disease Control

22, Sham Nath Marg, Delhi 110054

Proforma for sample submission of a suspected case of Zika Virus Disease

Referred by (name, complete address with phone, email etc)		Hospital IP/OP number	
Name			
Age/Gender			
Father's/Husband's Name			
Complete address			
History of travel to the Central and Latin American countries* in last 2 weeks			
Yes/No		If Yes, which one: When (dates): Date of return:	
Signs & Symptoms			
Fever	Yes/No If yes date of onset of fever:	Rash	Yes/No Type of rash: Macular/Maculo-papular
Conjunctivitis	Yes/ No , if yes, date of onset	Joint Pain	Yes/No
Others: Headache/Myalgia/Malaise/Dizziness/retro-orbital pain/Gastrointestinal disorders			
Pregnancy	Yes/No	Weeks of gestation	
Date of collection of sample**			
Any other remarks			
Signatures , Name & Designation			

* Barbados, Bolivia, Brazil, Colombia, Commonwealth of Puerto Rico, Costa Rica, Curacao, Dominican Republic, Ecuador, El Salvador, French Guiana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Saint Martin, Suriname, US Virgin Islands, Venezuela, American Samoa, Samoa, Tonga, Cape Verde. For updated list refer to www.cdc.gov/zika/geo/index.html

**** Guidelines for sample collection and transportation**

Sample: 5 ml of blood in sterile plain vial/vacutainer (red/yellow cap)

Time of collection: within first five days of onset of illness

Packaging and transportation: Triple layer package to be sent in cold chain.

Sample to be sent to : Outbreak Monitoring Cell (24 x 7)/Zoonosis Division, National Centre for Disease Control, 22-Sham Nath Marg, Delhi – 110054. Information may be sent on: nicdzoosis@yahoo.com. Phone: 01123981607