

**LABORATORY TEST REQUEST FOR SERVICE SAMPLE and CONSENT FORM**

**Virology Department, USAMC-AFRIMS**

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All Laboratory data relevant to patient care will be provided to the physician. All patient identifiers will be removed following final disposition

**▶ Patient/Subject general and history Information**

Referring Hospital \_\_\_\_\_ Country \_\_\_\_\_

Patient address (House number and street are not required) \_\_\_\_\_

Age \_\_\_\_\_ (Years) \_\_\_\_\_ (Months) Gender  Male  Female Occupation \_\_\_\_\_

Date of Admission \_\_\_\_\_ Date of illness onset \_\_\_\_\_  
(DD/MM/YY) (DD/MM/YY)

Symptoms	Current			Describe	Symptoms	Current			Describe	Symptoms	Current			Describe
	Y	N	Unk			Y	N	Unk			Y	N	Unk	
Fever	Y	N	Unk	Temp ____°C	Vomiting	Y	N	Unk		Diarrhea	Y	N	Unk	
Chills	Y	N	Unk		Loss of appetite	Y	N	Unk		Seizure	Y	N	Unk	
Headache	Y	N	Unk		Abdominal pain	Y	N	Unk		Stiff neck	Y	N	Unk	
Runny nose	Y	N	Unk		Muscle/body pain	Y	N	Unk		Abnormal movement	Y	N	Unk	
Sore throat	Y	N	Unk		Joint pain	Y	N	Unk		Dark urine	Y	N	Unk	
Cough	Y	N	Unk		Malaise/fatigue	Y	N	Unk		Jaundice	Y	N	Unk	
Nausea	Y	N	Unk		Bleeding	Y	N	Unk		Mental status change	Y	N	Unk	
Eye pain	Y	N	Unk		Skin Rash	Y	N	Unk		Shortness of breath	Y	N	Unk	
Others														

Travel history prior illness  No  Yes, Travel to: \_\_\_\_\_ Duration (2weeks-2months) \_\_\_\_\_

Direct exposure to animals  No  Yes, Poultry  Yes, Swine  Yes, Other (specify) \_\_\_\_\_

Influenza vaccine within the last 12 months  No  Yes

Similar illness in family members  No  Yes

Provisional Diagnosis: \_\_\_\_\_

**▶ Laboratory Test Request:**

- Dengue( EIA, IgG/IgM)  Japanese Encephalitis( EIA, IgG/IgM)  Influenza
- Hepatitis HAV  Anti-HEV (IgG)  Anti-HEV (IgM)  Anti-HEV (Total Ig)
- HBV  Anti-HBc (IgG or IgM)  Anti-HBc (Total Ig)  HBsAg  Anti-HBs
- HCV  Anti-HCV (IgG)
- HEV  Anti-HEV (IgG)  Anti-HEV (IgM)  Anti-HEV (Total Ig)
- Others \_\_\_\_\_

Requested by (Print name) \_\_\_\_\_

**▶ Type of specimen**

Subject Number: \_\_\_\_\_ Assigned by (initials): \_\_\_\_\_

- Whole blood / serum / plasma Date Collected of 1<sup>st</sup> specimen \_\_\_\_\_ Specimen Number \_\_\_\_\_
- Whole blood / serum / plasma Date Collected of 2<sup>nd</sup> specimen \_\_\_\_\_ Specimen Number \_\_\_\_\_
- CSF Date Collected \_\_\_\_\_ Specimen Number \_\_\_\_\_
- Throat/Nasal swab Date Collected \_\_\_\_\_ Specimen Number \_\_\_\_\_
- Other \_\_\_\_\_ Date Collected \_\_\_\_\_ Specimen Number \_\_\_\_\_

**Personnel information**

Subject Name \_\_\_\_\_ Hospital no. \_\_\_\_\_ Admission no. \_\_\_\_\_

**Collection, storage and transportation of patient specimen**

1. Blood specimen for Dengue/JE should be collected 2 times during 5-7 days, 3-4 ml or collected on admission and discharged date. Keep specimen at 2-8°C (on ice) and send to the lab, specimen could be leaved at ambient temperature 24 hours.
2. Collect throat/nasal swab and store in Viral Transport Media (VTM) which provided by Virology Dept, two swabs per tube. Keep specimen at 2-8°C and send to the lab within 48 hours. Do not keep specimen in -20°C freezer.
3. Labeled specimen information; subject name, collecting date and type of specimen.

**Consent Form for Sample Donation**

(Version: 9 JANUARY 2008)

**Title:** United States Army Medical Component-Armed Forces Research Institute of Medical Sciences (USAMC-AFRIMS), Department of Virology Specimen Repository

**Purpose of Document:** This document gives you information to decide whether you want to donate your sample for future research by the Department of Virology.

**Statement:** Department of Virology, AFRIMS provides free diagnostic work on samples received from health agencies. Possible sample types could include blood or blood components, cerebral spinal fluid, respiratory specimens, and body fluid or tissue. Once the results have been transmitted, your samples will be destroyed unless you give us permission to store samples at the Department of Virology. These archived samples may then be used for evaluating new diagnostic tests or infectious disease research. With your permission, additional testing may be considered but only after the review and approval of Ethical Review Committees.

**Confidentiality:** The personal data will be removed from your sample and the Department of Virology data. When the results of the research are published or discussed, no information will be included that would reveal your identity.

**Agreement:** Your sample will be stored at AFRIMS and has been coded to remove any personal information. Donation of sample is voluntary and you will not be paid for your donation. You will not receive the results of any future testing. Your decision to donate your sample for additional research WILL NOT affects your medical benefit or the free testing.

I  **do** /  **do not** (check one) wish to donate my sample for future research with approval from appropriate ethical review committees.

Subjects/Guardian/Parent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ (DD/MM/YY)

Witness Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ ( DD/MM/YY)