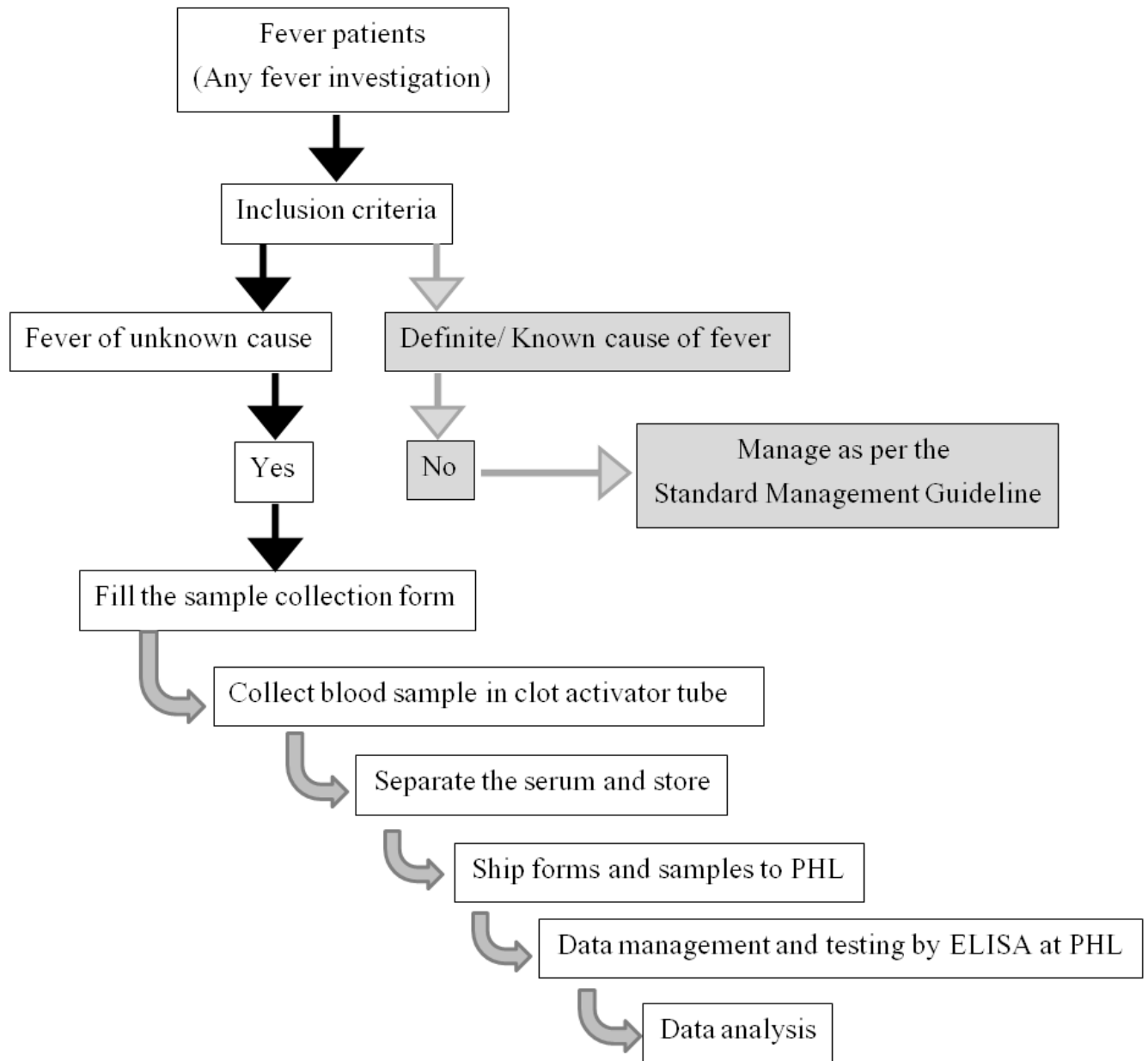


**Sample collection algorithm for scrub typhus seroprevalence study**



**Clinical data form for scrub typhus seroprevalence study**

Name of the Health Facility \_\_\_\_\_

Date	Samp ID	Name	Age/Sex	Occupation	Present add	Contact No.	Other investigations ordered by physician

Shipping date: \_\_\_\_\_ Packaging done by: \_\_\_\_\_