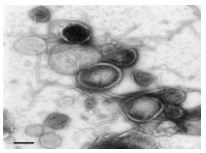
SARI Patient Specimen Collection Form



Sentinel Site/ Hospital:_____ Specimen ID:_____

Name of Ward: _____

Type of Case: ☐ extended SARI* (<2 years) ☐ SARI

PATIENT INFORMATION

Name:	Age: Years (s)…….. Months (s)…..... Date of Birth (dd/mm/yyyy) ……..
CID:	Sex: Male ☐ Female ☐ Others ☐
Current residential address: Village/city _____ District _____	Occupation: _____ Contact Number: _____

CLINICAL INFORMATION

Date of onset of symptoms (dd/mm/yyyy): …… Date of admission (dd/mm/yyyy): ……			
Fever or History of fever	☐ Yes ☐ No	If Yes, Temperature: _____	
Cough	☐ Yes ☐ No	*SpO_2 (When in room air) _____%	
Sore throat	☐ Yes ☐ No	*Wheeze	☐ Yes ☐ No
Headache	☐ Yes ☐ No	*Apnoea (<6m)	☐ Yes ☐ No
Shortness of Breath or breathing difficulty	☐ Yes ☐ No	*Sepsis (<6m)	☐ Yes ☐ No
Diarrhoea	☐ Yes ☐ No	*Respiratory Rate: _____ breaths per minute	
*Respiratory Support: ☐ Low flow O_2 ☐ High flow O_2 ☐ Positive airway pressure ☐ Mechanical Ventilation ☐ None			
Patient Outcome: ☐ Recovered ☐ Referred ☐ Trans-out ☐ Death Outcome Date (dd/mm/yyyy):_____			

Clinical history/ pre-existing medical condition		
*Prematurity: Weight_____ (g)	Yes	No
Congenital heart disease	Yes	No
Chronic Lung Disease	Yes	No
Immuno-compromised	Yes	No
Diabetes	Yes	No
Liver Disease	Yes	No
Asthma	Yes	No
Pregnancy	Yes	No
Others (Specify):		
Influenza vaccine: ☐ Yes ☐ No If Yes, Date_____		

Epidemiological Information

a) **Travel History:**

History of travel within the last 14 days?	Yes	No
If yes, specify the travel history: ☐ Within the country ☐ Outside the country		
Area and Location (specify if yes): _____		

b) **Exposure History** (within the last 7 days):

Poultry	Yes	No
Swine/piggery	Yes	No
Cattles	Yes	No
Others (specify):		

Type (s) of Specimen Collected in VTM/UTM

☐ Nasal swab ☐ Nasal aspirate ☐ Tracheal aspirate ☐ Nasopharyngeal Swab ☐ Throat swab

Collection Date (dd/mm/yyyy):_____ Collection Time: _____

Collected by (Name of Nurse): _____ Contact Number: _____

Advised by (Name of Doctor):_____

*Case Definition: **extended SARI**: acute respiratory infection (cough or shortness of breath), severe (overnight, or more than 24 hours of, hospitalization) AND acute (onset within past 10 days), In infants less than 6 months age, also include Apnoea (temporary cessation of breathing from any cause) & Sepsis.

SARI: severe (hospitalization) AND acute (onset within past 10 days), AND history of fever or measured fever, AND respiratory infection (cough or shortness of breath).