

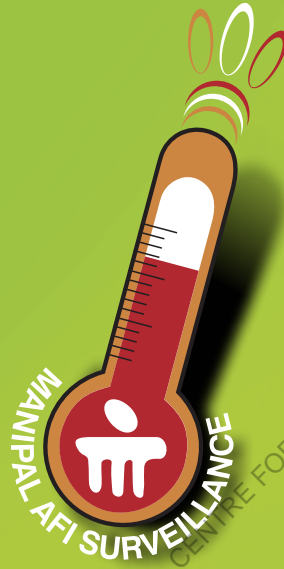
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प्रज्ञानं ब्रह्म



INSPIRED BY LIFE



Hospital based surveillance of  
**Acute Febrile Illness (AFI)**  
in India

DOCUMENT PREPARED BY MANIPAL CENTRE FOR VIRUS RESEARCH



**Manipal Centre for Virus Research (MCVR)**  
Manipal University

## List of Abbreviations

<b>ADD</b>	Acute Diarrhoeal Disease	<b>MAT</b>	Microscopic Agglutination Test
<b>AES</b>	Acute Encephalitis Syndrome	<b>Max</b>	Maximum
<b>AFI</b>	Acute Febrile Illness	<b>MCVR</b>	Manipal Centre for Virus Research
<b>ALT</b>	Alanine Transaminase	<b>MGNREGA</b>	Mahatma Gandhi National Rural Employment Guarantee Act
<b>AST</b>	Aspartate Aminotransferase	<b>Min</b>	Minimum
<b>B</b>	Basophil	<b>mm Hg</b>	Millimeter of mercury
<b>CDC</b>	Centers for Disease Control and Prevention	<b>MRI</b>	Magnetic Resonance Imaging
<b>CHIKV</b>	Chikungunya virus	<b>MU</b>	Manipal University
<b>cm</b>	Centimetre	<b>N</b>	Neutrophil
<b>CPK-MB</b>	Creatinine Phosphokinase-MB	<b>NIV</b>	National Institute of Virology
<b>CRF</b>	Case Report Form	<b>Noro</b>	Norovirus
<b>CSF</b>	Cerebrospinal fluid	<b>°C</b>	Degree Celsius
<b>DLC</b>	Differential Leucocyte Count	<b>°F</b>	Degree Fahrenheit
<b>DOA</b>	Date of admission	<b>PI</b>	Principal Investigator
<b>DOB</b>	Date of Birth	<b>PUC</b>	Pre-University Course
<b>DOF</b>	Date of onset of fever	<b>RBC</b>	Red Blood Cell
<b>E</b>	Eosinophil	<b>RSV</b>	Respiratory Syncytial Virus
<b>ELISA</b>	Enzyme linked Immunosorbent Assay	<b>RTI</b>	Respiratory Tract Infection
<b>ESR</b>	Erythrocyte Sedimentation Rate	<b>RT-PCR</b>	Real Time Polymerase Chain Reaction
<b>Hanta</b>	Hantavirus	<b>SES</b>	Socio Economic Status
<b>Hb</b>	Haemoglobin	<b>SGOT</b>	Serum Glutamate Oxaloacetate Transaminase
<b>HHV</b>	Human Herpes Virus	<b>SGPT</b>	Serum Glutamate Pyruvic acid Transaminase
<b>HPF</b>	High Power Field	<b>TBE</b>	Tick Borne Encephalitis
<b>HSV</b>	Herpes Simplex Virus	<b>TLC</b>	Total Leucocyte Count
<b>ICD</b>	International Code for Diseases	<b>USG</b>	Ultra Sonography
<b>ID</b>	Identification	<b>VZV</b>	Varicella Zoster Virus
<b>IFA</b>	Immunofluorescence assay	<b>W/H/D/S</b>	Wife/Husband/Daughter/Son
<b>IgG</b>	Immunoglobulin G	<b>WNV</b>	West Nile Virus
<b>IgM</b>	Immunoglobulin M		
<b>IP No</b>	In-Patient Number		
<b>JEV</b>	Japanese Encephalitis Virus		
<b>KFD</b>	Kyasanur Forest Disease		
<b>kg</b>	Kilogram		
<b>L</b>	Lymphocyte		
<b>M</b>	Monocyte		



## Hospital based surveillance of Acute Febrile Illness (AFI) in India

Under the Cooperative Agreement, Grant No: 1U01GH001051, awarded to Manipal University by Centers for Disease Control and Prevention (CDC), Atlanta, USA.



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### Acute Febrile Illness Case Report Form (CRF)

#### Instructions to the Interviewer:

Kindly read the following points and acknowledge by signing on the space provided.

- Ensure privacy before beginning the interview.
- Obtain informed consent.
- Introduce yourself and establish a good rapport with the person being interviewed.

Form No: \_\_\_\_\_

Signature of the interviewer \_\_\_\_\_

#### PATIENT INFORMATION

Date:

Study ID #

First Name

Last Name

Telephone No:           Mobile:

W/H/D/S of \_\_\_\_\_ IP No.: \_\_\_\_\_

Address: House name/ No: \_\_\_\_\_

Designated ASHA Worker's Name & Contact Details: \_\_\_\_\_

#### Specimen Data Form

To be filled during the time of recruitment Study ID #         Form No: \_\_\_\_\_

#### For recruitment personnel only

• Date of sample collection:

• Name: \_\_\_\_\_

• Type of sample:

• Sex: Male  Female  Others

• Age in years: \_\_\_\_\_ • Date of admission:

• Date of onset of fever:

• Syndromes: (Tick applicable ones)

AFI  AFI with AES  AFI with RTI  AFI with Hepatitis  AFI with ADD  AFI with Rash

#### Samples collected:

- Blood (Plain)
- Blood (BacT/ALERT®)
- Throat swab
- Sputum
- Saliva
- CSF
- Urine
- Stool / Rectal swab
- Others (mention): \_\_\_\_\_

Recruiter's signature: \_\_\_\_\_

Lab in charge's signature: \_\_\_\_\_

#### NURSE REMINDER CARD

Hospital based surveillance of Acute Febrile Illness (AFI) in India  
Manipal Centre for Virus Research (MCVR), Manipal University

Study ID #         Form No: \_\_\_\_\_

Date of recruitment:

Name: \_\_\_\_\_

W/H/D/S of \_\_\_\_\_ IP No.: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Place: \_\_\_\_\_

Principal Investigator / Contact:  
Dr. G. Arunkumar  
Professor and Head  
Manipal Centre for Virus Research  
Manipal University  
Mob: +91-9148 970864  
Email: arun.kumar@manipal.edu

This person is our study participant.  
**Please collect 3 – 4 ml of plain blood in vacutainer when patient gets discharged.**  
Thank you !

#### PATIENT CARD

Hospital based surveillance of Acute Febrile Illness (AFI) in India  
Manipal Centre for Virus Research (MCVR), Manipal University

Study ID #         Form No: \_\_\_\_\_

Date for Follow-up visit:

Name: \_\_\_\_\_

Date of recruitment: \_\_\_\_\_ IP No.: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Place: \_\_\_\_\_

Principal Investigator / Contact:  
Dr. G. Arunkumar  
Professor and Head  
Manipal Centre for Virus Research  
Manipal University  
Mob: +91-9148 970864  
Email: arun.kumar@manipal.edu

हे कार्ड जतनायेन बाळगुचें  
आनी तुमच्या हॉस्पिटलांतल्या  
फुडल्या भेटेवेळार चुकनास्तना  
ते हाडचें.

DOCUMENT PREPARED BY MANIPAL CENTRE FOR VIRUS RESEARCH

#### CONTACT NUMBERS

1. Interviewer:
2. Study Manager:

**दुयेंतीचें माहिती पत्रक तशेंच मान्यताय - 1-65 वर्सां**  
भारतांतसतोवपी गंभीर जोरा (एएफआय) चेरओश्रिपतलांत केल्लें सर्वेक्षण

सहभागा खातीर ऐच्छिक मान्यताय

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Study ID #

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तुमी संशोधन अभ्यासांत तुमच्या कुटुंबाक वांटेकार जावंक विचारणा केल्या. ह्या फॉर्मंत हाचे फुडें, "तुमी" चो उल्लेख दुयेंतीचे सुवातेर जातलो, ते घडये तुमी वा तुमचें भुरगें वा तुमी जापसालदारकी घेतिल्लीव्यक्ती जीच्या अभ्यासाच्या वांट्याखातीर तुमीकायदेशीर मान्यताय दिवंक शकतात. ह्या अभ्यासांत तुमचो वांटो पुरायपणान ऐच्छिक आसा. ह्या अभ्यासांत वांटो घेवचो कांय ना हो निर्णय तुमचो आसतलो. तुमी ह्या अभ्यासांत वांटेकार जायनात जाल्यार लेगीत, तुमकां वैजकीय उपचार मेळटले.

**उद्देश**

जोरा संबंदीत दुयेंसा खातीर ओश्रिपतलांत दाखल केल्ल्या दुयेंतीच्या दुयेंत पडपाच्या सामान्य कारणांचो सोद घेवपा खातीर हें संशोधन आसा. जोरा खातीर वैजकीय उपचार मेळोवप लोकां खातीर सामान्य जालां. कांय कारणां खबर आसलीं तरी, हेर कारणांचे प्रकार आनी ह्या वाठारांतल्या लोकांक असल्या दुयेंसाची पिडा किद्याक जाता तें आजून मेरेन स्पश्ट जावंक ना. ह्या दिसांनी, कांय दुयेंसां खातीर नव्यो प्रयोगशाळा चांचण्यो उपलब्ध आसात. बारीकसाणेन तुमची आनी तुमच्या दुयेंसाची माहिती एकठांय करप आनी मागीर जोरा कडेन संबंदीत वेगवेगळ्या कारणांची चांचणी करप आनी हें दुयेंस आळाबंदा हाडूंक बऱ्यांतले बरे वैजकीय उपचार आनी वेवस्था उपलब्ध करपाचे मार्ग जाणून घेवप हो आमचो उद्देश आसा. तुमी जर पिरायेन नेणार आसत जाल्यार, तुमच्या पालकांनी ह्या अभ्यासा खातीर आनी तातूंतल्या तुमच्या वांट्या खातीर मान्यताय दिल्या आसतली.

**कार्यपद्दतीचें वर्णन**

आमकां किदें करपाक जाय

तुमकां ह्या अभ्यासांत वांटो घेवपाची विनंती केल्या, कारण तुमकां ह्या ओश्रिपतलांत दाखल केल्यात आनी तुमी जोरा संबंदीत दुयेंसान पिडीत आसात आनी तुमच्या दोतोरक तुमकां संसर्ग जाला अशें दिसता. तुमी वांटेकार जावपाचो निर्णय घेत जाल्यार, तुमची आतांची आनी आदींची वैजकीय स्थिती, तुमची भलायकी, संवयो आनी कुटुंब हांचे बदल सामान्य प्रस्न विचारतले. ह्या प्रस्नांच्यो जापो दिवंक सुमार १५ मिण्टां लागू येतात. तुमचो वांटो ऐच्छिक आशिल्ल्यान, तुमकां जाप दिवप सारकें आसा अशें दिसना अशा प्रस्नांक तुमी जापो दिवपाची गरज आसची ना.

ओश्रिपतलांत दाखल केल्लें आसतना, तुमच्या हाताचे शिरेतल्यान सुमार १० मिलीलिटर (मिली) (सुमार १ तें २ ल्हान कुलेरां) रगत काडटले. हें रगत तुमच्या दोतोरान सांगिल्ले नियमीत चांचणे संबंदान आसतलें आनी दुयेंसाचीं कारणां सोदपा खातीर हेर चांचण्यो करूंक लेगीत हाचो वापर करतले.

तुमच्या ताळ्यांत/वा नाकांत आमी भितरले वटेन ल्हानसो कापसाचो गुळो घालून, तुमचो ताळो आनी/वा नाकांतलो नमुनो घेतले आनी मुताचोय नमुनो घेतलो. तुमकां पातळ परसा कडेन जाता जाल्यार, तुमच्या कडल्यान संडासाचो इल्लोसोनमुनो घेतले आनी तशें करप शक्य नासत जाल्यार, नाडीच्या भागांतल्यान नमुनो एकठांय करतले.

तुमच्या नियमीत उपचाराचो भाग म्हण तुमच्या दोतोरक फाटीच्या कण्याच्यागागाचो द्रव पदार्थ घेवचो आसल्यार, सुमार २-४ मिली (एका कुलेरां परस कमी) कमराच्या फाटल्या भागांतल्यान द्रव पदार्थ काडटले आनी अभ्यासा संबंदान ताची तपासणी करतले. कमराचो द्रव पदार्थ तुमच्या दोतोरक तो उपचाराचो एक भाग अशें दिसता जाल्यारूच काडटले आनी फकत ह्या अभ्यासाचो भाग म्हणून न्हय.

कांय खेपे, संसर्ग थोड्या वेळार उपरांतूच कळून येतात आनी हाकाच लागून आमी दोन अतिरिक्त वेळाचेर रगताचे नमुने घेतात, ते म्हणल्यार डिस्चार्ज आनी फॉलो-अप वेळार: १) ओश्रिपतलांतल्यान डिस्चार्ज करचेपयलीं, ५ मिली रगत (सुमार एक कुलेर भर) काडटले. २) दुसरे खेपेक ओश्रिपतलांतल्यान डिस्चार्ज मेळ्या उपरांत, तुमकां फॉलो-अपाखातीर ४-६ सप्तकांनी परत ह्या ओश्रिपतलांत येवंक सांगतले. ह्या फॉलो-अप भेटीक सुमार १५ मिण्टां लागतलीं. हे भेटी वेळार ओश्रिपतलांतल्यान घरा वतकच तुमची भलायकी कशी आशिल्ली ताचे बदल विचारतले. ह्या फॉलो-अप भेटी वेळार पयलीं भशेनूच आनीक ५ मिली रगत घेतले. तुमी थारायिल्ल्या वेळार फॉलो अप खातीर आयले ना जाल्यार, आमच्या अभ्यास पंगडांतलो एक वांगडी तुमच्या घरा घडये कॉल करून तुमी फॉलो अप करूंक आनी तुमचे भलायके विशीं प्रस्नांच्यो जापो दिवंक येवंक सोदतात जाल्यार विचारतलो.

तुमची भलायकी इबाडूंक आनी तुमकां दुयेंत करूंक घडये कारणीभूत आसपी वेगवेगळ्या संसर्गांची, सदांच्या तपासण्यां वांगडाच, घेतिल्ल्या नमुन्या वरवीं तपासणी करतले.

रगत आनी कमराच्या द्रव पदार्थाची तपासणी ह्या ओश्रिपतलांत आनी मणीपाल सँटर फॉर वायरस रिसर्च (एम सी व्ही आर) च्या प्रयोगशाळेंत मणीपाल विद्यापीठांत (एम यू) करतले. सगळ्यो परिक्षा अभ्यासांत पुरवणीच्यो आसतल्यो आनी तुमच्या ओश्रिपतलांत केल्ल्या सदांच्या तपासण्यांच्या बदलाक त्यो आसच्यो नात.

संशोधन पंगड तुमच्या दुयेंसा विशीं आनी तुमकां ओश्रिपतलांत भरती केल्ल्याचे वैजकी रँकॉर्ड विशीं माहिती एकठांय करतले आनी संशोधन भरती फॉर्म (सी आर एफ) पुराय करतले.

**फायदो**

ह्या अभ्यासांतल्यान तुमकां थेट व्यक्तिगत फायदो असो कांयच मेळचो ना. तुमी अभ्यासांत वांटो घेतलो वा ना घेतलो ताचो तुमकां मेळपी वैजकीय सुविदांचेर कांयच परिणाम जावचो ना. अतिरिक्त प्रयोगशाळा तपासण्यांचे निकाल उपलब्ध आसतात तेन्ना ते तुमच्या दोतोरक दितले आनी वैजकीय नोंदी वांगडा ते

दवरतले.हे निकाल तुमच्या वैजकी उपचारांत आदार करूंक शकतात.ह्या अभ्यासांत, वेगवेगळे संसर्ग जावपाचे प्रकार आनी ते आळाबंदा हाडपा खातीरच्यो पध्दती जाणा जावन घेतिल्ल्यान, फुडाराक तुमचे समुदायेंतल्या लोकांचे भलायकेक ताचो फायदो जावंक पावतलो.

**धोके आनी अप्रिय घडणुका**

ह्या अभ्यासांत कांय धोके आसात, जे एका परस चड वेळा रगत घेवप आनी प्रस्नांच्यो जापो दिवपा संबंदान आसात.रगत काडूंक वापरतात त्यो सुयो घडये थोड्यो गैरसोयीच्यो जावंक शकतात.सूय तोंपतात त्या सुवातेर सुजूंक वा दुखापत जावंक आनी संसर्ग जावंक शकता.खुबश्या लोकांक रगत काडल्या उपरांत संसर्ग जायना वा सूज आयिल्ली दिश्टी पडना, पूण अशे दुष्परिणाम सगळ्यांच दुयेंतीक जावपा पसून आडावंक शकनात.तुमच्याआंगाचेर जरी हातूंतलीं कांय लक्षणां दिसलीं जाल्यार, तीं २सप्तकां परस उण्या वेळांत आपशींच ना जातलीं.कांय लोकांक अस्वस्थताय जाणवता वा काळजाचे ठोके वाडटात.न्हिदून दवरून वा रगत काडप बंद करून हीं लक्षणां बंद करूंक शकतात.सुचयल्ल्या अभ्यासांत जखम जावपाची शक्यताय आसना.पूण, ह्या अभ्यासाक लागून कसलीय दुखापत जाली वा दुष्परिणाम जाणवले जाल्यार, तुमकां त्या दुष्परिणामां खातीर वैजकीय जतनाय वा उपचार मेळटले. तुमच्या अभ्यासांत वांटो घेवपा खातीर तुमकां पयशे फारीक करचे नात.ह्या तुमच्या अभ्यासांत वांटो घेवपा खातीर तुमकां कांयच खर्च करचो पडचो ना.सगळ्यो गजाली फुकट मेळटल्यो.अभ्यासांत ४ - ६सप्तकांच्या वांटो घेतल्या उपरांत, एके वेळाचो प्रवास आनी खर्च केल्ल्या वेळा खातीर फॉलो अपा वेळार ६००/- रुपयांची निश्चीत रक्कम दितले.

**प्रतिकूल मता [मत परिवर्तन] शिवाय नांव फाटीं घेवं येता**

तुमचो वांटो घेवप पुरायपणान ऐच्छिक आसा.कसल्याच प्रतिकूल मता शिवाय खंयच्या पांवड्यार तुमी अभ्यासांतल्यान तुमचें नांव फाटीं घेवंक शकतात.वैजकीय संस्थेंतल्यान तुमकां मेळपी उपचाराचेर हाचो कांयच परिणाम जावचो ना.

**वैकल्पीक कार्यपध्दती**

ह्या अभ्यासांत वांटो घेवपा खातीर वैकल्पीक कार्यपध्दती ना.

**गुप्तताय**

अभ्यासांतले कर्मचारी तुमच्या तपासण्यांचे निकाल आनी तुमच्या बद्दल एकठांय केल्ली माहिती, सगळो वेळ, अभ्यास पूर्ण जाल्या उपरांत लेगीत राखून दवरतले.ह्या संशोधनाच्या खंयच्याच सादरीकरणांत वा अहवालांत तुमचें नांव येवचें ना.मात, तुमचेर उपचार करपी दोतोरक तुमच्या उपचारांत आदार जावचो म्हूण तुमच्या तपासण्यांचे निकाल दितले.

**प्रस्न**

तुमचे अधिकार आनी अभ्यासा संबंदीत तुमकां कसलेय प्रस्न आसत जाल्यार, तुमी उपकार करून मणीपाल विद्यापिठांत डॉ.लक्ष्मीनारायण बाइरी हांचे कडेन संपर्क करचो वा तांच्या फोन नंबर ९४४९२०८४७८चेर सोमार ते शेनवार सकाळीं ९ ते सांजचे ५ हाच्या मजगतीं कॉल करचें.

तुमकां ह्या अभ्यासा संबंदान कसलेय दुबाव आसल्यार डॉ.जी.अरुणकुमार हांकां तांच्यो जापो दिवंक आवडटलें.डॉ.जी.अरुणकुमार हांचो वरां उपलब्ध आसपी मोबायल नंबरआसा -९१४८९७०८६४.सुरक्षा, दुखापत वा मान्यताय हांच्या संबंदी कसलेय प्रस्न आसल्यार, डॉ.जी.अरुण कुमार हांचे कडेन अनमन नासतना तुमी संपर्क करू येता.आनीक कसलेय प्रस्न आसत जाल्यार उपकार करून 'दुयेंतीचें कार्ड' च्या फाटल्यान दिल्ले थळावे संपर्क नंबर पळोवचे.

ह्या फॉर्मचेर दिल्ले टेलिफोन नंबर वैजकी आपात काळा खातीर वापरचे न्हय.तुमकां तातडीन वैजकीय उपचाराची गरज आसल्यार, उपकार करून लागसारच्या ओरिपतलाक भेट दिवची.

**नमुने घेवप आनी फुडारांतल्यावापरा खातीर परवानगी**

रगत,कण्याच्या भागाचो द्रव पदार्थ, ताळ्यांतलो नमुनो वा संडासाचे नमुने फुडाराक जोराच्या कारणांचेर अभ्यास करचे खातीर तुमची परवानगी घेवन एम सी व्ही आर, एमयू हांगा १० वर्सां मेरेन सांठोवन दवरतले.नमुने अभ्यास क्रमांक वापरून सांठयतले आनी तुमचें वा तुमच्या नातलगाच्या नांवांचो वापर करचे नात.भारतांत सद्या उपलब्ध नाशिल्ल्या चाचण्यां खातीर भारत सरकाराचे परवानगेन नमुने भारता भायर धाडटले. तुमकां जरी तुमचे नमुने फुडाराक घेवंक आशिल्ल्या वापर/हेर तपासण्यां खातीर सांठोवचे न्हय/तपासचे न्हय अशें दिसता जाल्यार, सगळ्यो अभ्यास विशयक तपासण्यो पुराय जाल्या उपरांत नमुने नश्ट करतले.तुमचो/तुमच्या कुटुंबांतल्या वांगड्यांचो आनुवंशीक घटक तपासपा खातीर नमुन्यांचो वापर करचे नात.

तुमकां अभ्यासांत रावपाचें आसल्यार, सकयले वळीचेर तुमची निशाणी करची.वळीचेर निशाणी करप म्हणल्यार, "ह्या वेळार म्हाका अभ्यासांत रावपाचें आसा" अशें तुमी सांगतात असो ताचो अर्थ जाता.

हें फॉर्म म्हाका समजावून सांगलां आनी म्हाका म्हज्या प्रस्नांची समाधानकारक उत्तरां मेळ्यांत अशें हांव प्रमाणीत करतां.

वांटेकार जावपी व्यक्तीची/१८ वर्सां पिराये सकयलीं भुरगीं आसल्यार पालक वा जापसालदार प्रौढाची निशाणी /दाव्या हाताच्या आखाण्याचो छाप

वांटेकारजावप्याचें नांव

वा

तारीख(दीस/महयनो/वर्स)

पालक/१८ वर्सां पिराये सकयलीं भुरगीं आसल्यार पालक वा जापसालदार प्रौढाचें नांव

वांटेकार जावप्या कडलें नात

गवायाची निशाणी

तारीख(दीस/महयनो/वर्स)

अधिकृत अभ्यास कर्मच्याऱ्याची/मुखेल चवकाशी आधिकारी निशाणी

तारीख(दीस/महयनो/वर्स)

**दुयेंतीचें माहिती पत्रक तशेंच मान्यताय - 1-65 वर्सां**  
भारतांतसतोवपी गंभीर जोरा (एएफआय) चेरओश्रिपतलांत केल्लें सर्वेक्षण

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तुमी संशोधन अभ्यासांत तुमच्या कुटुंबाक वांटेकार जावंक विचारणा केल्या. ह्या फॉर्मंत हाचे फुडें, "तुमी" चो उल्लेख दुयेंतीचे सुवातेर जातलो, ते घडये तुमी वा तुमचें भुरगें वा तुमी जापसालदारकी घेतिल्लीव्यक्ती जीच्या अभ्यासाच्या वांट्याखातीर तुमीकायदेशीर मान्यताय दिवंक शकतात. ह्या अभ्यासांत तुमचो वांटो पुरायपणान ऐच्छिक आसा. ह्या अभ्यासांत वांटो घेवचो कांय ना हो निर्णय तुमचो आसतलो. तुमी ह्या अभ्यासांत वांटेकार जायनात जाल्यार लेगीत, तुमकां वैजकीय उपचार मेळटले.

**उद्देश**

जोरा संबंदीत दुयेंसा खातीर ओश्रिपतलांत दाखल केल्ल्या दुयेंतीच्या दुयेंत पडपाच्या सामान्य कारणांचो सोद घेवपा खातीर हें संशोधन आसा. जोरा खातीर वैजकीय उपचार मेळोवप लोकां खातीर सामान्य जालां. कांय कारणां खबर आसलीं तरी, हेर कारणांचे प्रकार आनी ह्या वाठारांतल्या लोकांक असल्या दुयेंसाची पिडा किद्याक जाता तें आजून मेरेन स्पश्ट जावंक ना. ह्या दिसांनी, कांय दुयेंसां खातीर नव्यो प्रयोगशाळा चांचण्यो उपलब्ध आसात. बारीकसाणेन तुमची आनी तुमच्या दुयेंसाची माहिती एकठांय करप आनी मागीर जोरा कडेन संबंदीत वेगवेगळ्या कारणांची चांचणी करप आनी हें दुयेंस आळाबंदा हाडूंक बऱ्यांतले बरे वैजकीय उपचार आनी वेवस्था उपलब्ध करपाचे मार्ग जाणून घेवप हो आमचो उद्देश आसा. तुमी जर पिरायेन नेणार आसत जाल्यार, तुमच्या पालकांनी ह्या अभ्यासा खातीर आनी तातूंतल्या तुमच्या वांट्या खातीर मान्यताय दिल्या आसतली.

**कार्यपद्दतीचें वर्णन**

आमी किदें करूंक जाय

तुमकां ह्या अभ्यासांत वांटो घेवपाची विनंती केल्या, कारण तुमकां ह्या ओश्रिपतलांत दाखल केल्यात आनी तुमी जोरा संबंदीत दुयेंसान पिडीत आसात आनी तुमच्या दोतोरक तुमकां संसर्ग जाला अशें दिसता. तुमी वांटेकार जावपाचो निर्णय घेत जाल्यार, तुमची आतांची आनी आदींची वैजकीय स्थिती, तुमची भलायकी, संवयो आनी कुटुंब हांचे बदल सामान्य प्रस्न विचारतले. ह्या प्रस्नांच्यो जापो दिवंक सुमार १५ मिण्टां लागू येतात. तुमचो वांटो ऐच्छिक आशिल्ल्यान, तुमकां जाप दिवप सारकें आसा अशें दिसना अशा प्रस्नांक तुमी जापो दिवपाची गरज आसची ना.

ओश्रिपतलांत दाखल केल्लें आसतना, तुमच्या हाताचे शिरेतल्यान सुमार १० मिलीलिटर (मिली) (सुमार १ तें २ ल्हान कुलेरां) रगत काडटले. हें रगत तुमच्या दोतोरान सांगिल्ले नियमीत चांचणे संबंदान आसतलें आनी दुयेंसाचीं कारणां सोदपा खातीर हेर चांचण्यो करूंक लेगीत हाचो वापर करतले.

तुमच्या ताळ्यांत/वा नाकांत आमी भितरले वटेन ल्हानसो कापसाचो गुळो घालून, तुमचो ताळो आनी/वा नाकांतलो नमुनो घेतलो आनी मुताचोय नमुनो घेतलो. तुमकां पातळ परसा कडेन जाता जाल्यार, तुमच्या कडल्यान संडासाचो इल्लोसोनमुनो घेतलो आनी तशें करप शक्य नासत जाल्यार, नाडीच्या भागांतल्यान नमुनो एकठांय करतले.

तुमच्या नियमीत उपचाराचो भाग म्हण तुमच्या दोतोरक फाटीच्या कण्याच्यागागाचो द्रव पदार्थ घेवचो आसल्यार, सुमार २-४ मिली (एका कुलेरां परस कमी) कमराच्या फाटल्या भागांतल्यान द्रव पदार्थ काडटले आनी अभ्यासा संबंदान ताची तपासणी करतले. कमराचो द्रव पदार्थ तुमच्या दोतोरक तो उपचाराचो एक भाग अशें दिसता जाल्यारूच काडटले आनी फकत ह्या अभ्यासाचो भाग म्हणून न्हय.

कांय खेपे, संसर्ग थोड्या वेळार उपरांतूच कळून येतात आनी हाकाच लागून आमी दोन अतिरिक्त वेळाचेर रगताचे नमुने घेतात, ते म्हणल्यार डिस्चार्ज आनी फॉलो-अप वेळार: १) ओश्रिपतलांतल्यान डिस्चार्ज करचेपयलीं, ५ मिली रगत (सुमार एक कुलेर भर) काडटले. २) दुसरे खेपेक ओश्रिपतलांतल्यान डिस्चार्ज मेळ्या उपरांत, तुमकां फॉलो-अपाखातीर ४-६ सप्तकांनी परत ह्या ओश्रिपतलांत येवंक सांगतले. ह्या फॉलो-अप भेटीक सुमार १५ मिण्टां लागतलीं. हे भेटी वेळार ओश्रिपतलांतल्यान घरा वतकच तुमची भलायकी कशी आशिल्ली ताचे बदल विचारतले. ह्या फॉलो-अप भेटी वेळार पयलीं भशेनूच आनीक ५ मिली रगत घेतले. तुमी थारायिल्ल्या वेळार फॉलो अप खातीर आयले ना जाल्यार, आमच्या अभ्यास पंगडांतलो एक वांगडी तुमच्या घरा घडये कॉल करून तुमी फॉलो अप करूंक आनी तुमचे भलायके विशीं प्रस्नांच्यो जापो दिवंक येवंक सोदतात जाल्यार विचारतलो.

तुमची भलायकी इबाडूंक आनी तुमकां दुयेंत करूंक घडये कारणीभूत आसपी वेगवेगळ्या संसर्गांची, सदांच्या तपासण्यां वांगडाच, घेतिल्ल्या नमुन्या वरवीं तपासणी करतले.

रगत आनी कमराच्या द्रव पदार्थाची तपासणी ह्या ओश्रिपतलांत आनी मणीपाल सँटर फॉर वायरस रिसर्च (एम सी व्ही आर) च्या प्रयोगशाळेंत मणीपाल विद्यापीठांत (एम यू) करतले. सगळ्यो परिक्षा अभ्यासांत पुरवणीच्यो आसतल्यो आनी तुमच्या ओश्रिपतलांत केल्ल्या सदांच्या तपासण्यांच्या बदलाक त्यो आसच्यो नात.

संशोधन पंगड तुमच्या दुयेंसा विशीं आनी तुमकां ओश्रिपतलांत भरती केल्ल्याचे वैजकी रँकॉर्ड विशीं माहिती एकठांय करतले आनी संशोधन भरती फॉर्म (सी आर एफ) पुराय करतले.

**फायदः**

ह्या अभ्यासांतल्यान तुमकां थेट व्यक्तिगत फायदो असो कांयच मेळचो ना. तुमी अभ्यासांत वांटो घेतलो वा ना घेतलो ताचो तुमकां मेळपी वैजकीय सुविदांचेर कांयच परिणाम जावचो ना. अतिरिक्त प्रयोगशाळा तपासण्यांचे निकाल उपलब्ध आसतात तेन्ना ते तुमच्या दोतोरक दितले आनी वैजकीय नोंदी वांगडा ते

दवरतले.हे निकाल तुमच्या वैजकी उपचारांत आदार करूंक शकतात.ह्या अभ्यासांत, वेगवेगळे संसर्ग जावपाचे प्रकार आनी ते आळाबंदा हाडपा खातीरच्यो पध्दती जाणा जावन घेतिल्ल्यान, फुडाराक तुमचे समुदायेंतल्या लोकांचे भलायकेक ताचो फायदो जावंक पावतलो.

**धोके आनी अप्रिय घडणुका**

ह्या अभ्यासांत कांय धोके आसात, जे एका परस चड वेळा रगत घेवप आनी प्रस्नांच्यो जापो दिवपा संबंदान आसात.रगत काडूंक वापरतात त्यो सुयो घडये थोड्यो गैरसोयीच्यो जावंक शकतात.सूय तोंपतात त्या सुवातेर सुजूंक वा दुखापत जावंक आनी संसर्ग जावंक शकता.खुबश्या लोकांक रगत काडल्या उपरांत संसर्ग जायना वा सूज आयिल्ली दिश्टी पडना, पूण अशे दुष्परिणाम सगळ्यांच दुयेंतीक जावपा पसून आडावंक शकनात.तुमच्याआंगाचेर जरी हातूंतलीं कांय लक्षणां दिसलीं जाल्यार, तीं २सप्तकां परस उण्या वेळांत आपशींच ना जातलीं.कांय लोकांक अस्वस्थताय जाणवता वा काळजाचे ठोके वाडटात.न्हिदून दवरून वा रगत काडप बंद करून हीं लक्षणां बंद करूंक शकतात.सुचयल्ल्या अभ्यासांत जखम जावपाची शक्यताय आसना.पूण, ह्या अभ्यासाक लागून कसलीय दुखापत जाली वा दुष्परिणाम जाणवले जाल्यार, तुमकां त्या दुष्परिणामां खातीर वैजकीय जतनाय वा उपचार मेळटले. तुमच्या अभ्यासांत वांटो घेवपा खातीर तुमकां पयशे फारीक करचे नात.ह्या तुमच्या अभ्यासांत वांटो घेवपा खातीर तुमकां कांयच खर्च करचो पडचो ना.सगळ्यो गजाली फुकट मेळटल्यो.अभ्यासांत ४ - ६सप्तकांच्या वांटो घेतल्या उपरांत, एके वेळाचो प्रवास आनी खर्च केल्ल्या वेळा खातीर फॉलो अपा वेळार ६००/- रुपयांची निश्चीत रक्कम दितले.

**प्रतिकूल मता [मत परिवर्तन] शिवाय नांव फाटीं घेवं येता**

तुमचो वांटो घेवप पुरायपणान ऐच्छिक आसा.कसल्याच प्रतिकूल मता शिवाय खंयच्या पांवड्यार तुमी अभ्यासांतल्यान तुमचें नांव फाटीं घेवंक शकतात.वैजकीय संस्थेंतल्यान तुमकां मेळपी उपचाराचेर हाचो कांयच परिणाम जावचो ना.

**वैकल्पीक कार्यपध्दती**

ह्या अभ्यासांत वांटो घेवपा खातीर वैकल्पीक कार्यपध्दती ना.

**गुप्तताय**

अभ्यासांतले कर्मचारी तुमच्या तपासण्यांचे निकाल आनी तुमच्या बद्दल एकठांय केल्ली माहिती, सगळो वेळ, अभ्यास पूर्ण जाल्या उपरांत लेगीत राखून दवरतले.ह्या संशोधनाच्या खंयच्याच सादरीकरणांत वा अहवालांत तुमचें नांव येवचें ना.मात, तुमचेर उपचार करपी दोतोरक तुमच्या उपचारांत आदार जावचो म्हूण तुमच्या तपासण्यांचे निकाल दितले.

**प्रस्न**

तुमचे अधिकार आनी अभ्यासा संबंदीत तुमकां कसलेय प्रस्न आसत जाल्यार, तुमी उपकार करून मणीपाल विद्यापिठांत डॉ.लक्ष्मीनारायण बाइरी हांचे कडेन संपर्क करचो वा तांच्या फोन नंबर ९४४९२०८४७८चेर सोमार ते शेनवार सकाळीं ९ ते सांजचे ५ हाच्या मजगतीं कॉल करचें.

तुमकां ह्या अभ्यासा संबंदान कसलेय दुबाव आसल्यार डॉ.जी.अरुणकुमार हांकां तांच्यो जापो दिवंक आवडटलें.डॉ.जी.अरुणकुमार हांचो वरां उपलब्ध आसपी मोबायल नंबरआसा -९१४८९७०८६४.सुरक्षा, दुखापत वा मान्यताय हांच्या संबंदी कसलेय प्रस्न आसल्यार, डॉ.जी.अरुण कुमार हांचे कडेन अनमन नासतना तुमी संपर्क करू येता.आनीक कसलेय प्रस्न आसत जाल्यार उपकार करून 'दुयेंतीचें कार्ड' च्या फाटल्यान दिल्ले थळावे संपर्क नंबर पळोवचे.

ह्या फॉर्मचेर दिल्ले टेलिफोन नंबर वैजकी आपात काळा खातीर वापरचे न्हय.तुमकां तातडीन वैजकीय उपचाराची गरज आसल्यार, उपकार करून लागसारच्या ओरिपतलाक भेट दिवची.

**नमुने घेवप आनी फुडारांतल्यावापरा खातीर परवानगी**

रगत,कण्याच्या भागाचो द्रव पदार्थ, ताळ्यांतलो नमुनो वा संडासाचे नमुने फुडाराक जोराच्या कारणांचेर अभ्यास करचे खातीर तुमची परवानगी घेवन एम सी व्ही आर, एमयू हांगा १० वर्सां मेरेन सांठोवन दवरतले.नमुने अभ्यास क्रमांक वापरून सांठयतले आनी तुमचें वा तुमच्या नातलगाच्या नांवांचो वापर करचे नात.भारतांत सद्या उपलब्ध नाशिल्ल्या चाचण्यां खातीर भारत सरकाराचे परवानगेन नमुने भारता भायर धाडटले. तुमकां जरी तुमचे नमुने फुडाराक घेवंक आशिल्ल्या वापर/हेर तपासण्यां खातीर सांठोवचे न्हय/तपासचे न्हय अशें दिसता जाल्यार, सगळ्यो अभ्यास विशयक तपासण्यो पुराय जाल्या उपरांत नमुने नश्ट करतले.तुमचो/तुमच्या कुटुंबांतल्या वांगड्यांचो आनुवंशीक घटक तपासपा खातीर नमुन्यांचो वापर करचे नात.

तुमकां अभ्यासांत रावपाचें आसल्यार, सकयले वळीचेर तुमची निशाणी करची.वळीचेर निशाणी करप म्हणल्यार, "ह्या वेळार म्हाका अभ्यासांत रावपाचें आसा" अशें तुमी सांगतात असो ताचो अर्थ जाता.

हें फॉर्म म्हाका समजावून सांगलां आनी म्हाका म्हज्या प्रस्नांची समाधानकारक उत्तरां मेळ्यांत अशें हांव प्रमाणीत करतां.

वांटेकार जावपी व्यक्तीची/१८ वर्सां पिराये सकयलीं भुरगीं आसल्यार पालक वा जापसालदार प्रौढाची निशाणी /दाव्या हाताच्या आखाण्याचो छाप

वांटेकारजावप्याचें नांव

वा

तारीख(दीस/महयनो/वर्स)

पालक/१८ वर्सां पिराये सकयलीं भुरगीं आसल्यार पालक वा जापसालदार प्रौढाचें नांव

वांटेकार जावप्या कडलें नात

गवायाची निशाणी

तारीख(दीस/महयनो/वर्स)

अधिकृत अभ्यास कर्मच्याऱ्याची/मुखेल चवकाशी अधिकारी निशाणी

तारीख(दीस/महयनो/वर्स)



**Patient Information sheet cum Consent - 1- 65 years**  
**Hospital based surveillance of Acute Febrile Illness (AFI) in India**

\_\_\_\_\_ **Voluntary Consent to participate** \_\_\_\_\_

**Principal Investigator: Dr. G. Arunkumar**

Professor and Head  
Manipal Centre for Virus Research  
Manipal University, Manipal  
Karnataka State, India 576104

**Study ID #**

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You or your family member is being asked to participate in a research study. For the rest of this form, “you” refers to the person who is sick, who is either you, your child, or another person for whom you are responsible and legally competent to consent for participation in this study. Your participation in this study is completely voluntary wherein you can choose to be or not to be a part of this study. If you choose not to be a part of this study, you will still receive regular medical care.

**Purpose**

The purpose of this study is to find out what are the common causes of disease in patients who are admitted to this hospital with fever. It is common for people to seek medical care for fever. Although some causes are known, many of the causes of infections and why people get these infections are not known. New laboratory tests are also now available for some of these diseases. By carefully collecting information about you and your illness and then testing for the various causes of fever, we intend to learn more about the causes of fever in your area and better possible ways to treat and prevent these infections. If you are a minor, your parents know about the study and have consented to your participation in this study.

**Explanation of Procedures**

**What we would like to do**

You are being asked to participate in this study because you have been admitted to this hospital, having a fever, and your doctor thinks you have an infection. If you agree to participate, you will be asked questions about your current and prior medical conditions, general questions about your health, habits and family. These questions will take about 15 minutes to answer. As a volunteer, you do not have to answer any question that you are not comfortable with.

At the time of hospitalization, up to 10 milliliters(ml) of blood (1 to 2 teaspoons) will be taken from your arm. This blood will be used for routine tests that your doctor ordered and also be used for tests to diagnose the cause of your infection.

We will also take a throat and/or nasal swab by brushing a small cotton swab on the back of your throat and/or in your nose, and a urine sample.

If you have watery stool (loose motion) you will be asked to provide a small quantity of stool, or if unable to, a rectal swab from the surface of your anus will be collected.

If your doctor plans to take spinal fluid as part of your routine care, 2-4 ml (less than one teaspoon) will also be collected and tested for the study. You will have a lumbar puncture only if your doctor feels it is necessary as a part of your care, and not as a part of this study.

Sometimes, infections are identified only after sometime and that is why we will draw blood at two additional times i.e.; during discharge and follow up: 1) Prior to discharge from the hospital, 5 ml (about one teaspoon) of blood will be taken; and 2) After 4 to 6 weeks of discharge, you will be asked to return to this hospital for a follow-up visit. The follow-up visit will take about 15 minutes. During the visit, you will be asked a few questions about how you have been feeling since you left the hospital. At the follow up visit, another 5 ml of blood will be taken in the same manner. If you do not return for the follow-up visit at the scheduled time, someone from the study team may contact you by phone or at your home to find out if you are still willing to come for the follow-up visit and whether you can answer questions about your illness.

In addition to routine tests the samples collected will be tested for various infections that may have caused your illness and made you sick.

Testing of your specimens will occur both here at this hospital, and at labs run by the Manipal Centre for Virus Research (MCVR), Manipal University (MU). All tests performed, as part of this study will supplement, not replace, the routine testing conducted at your hospital.

The study team will also collect the information from your medical records about your illness and admission and complete the Case Report Forms (CRF).

**Benefits**

You may not receive any direct personal benefits from participating in this study. You will receive the same medical care from your doctor whether or not you volunteer for this study. Results of additional laboratory tests will be provided to your doctor when they are available and placed in your medical record. These results may help your medical care. This study may benefit

the health of people in your community in the future by learning the different types of infections that occur and understanding ways they can be prevented.

**Risks and Discomforts**

There are some risks to be in this study, related to the blood being obtained and the time that is required to answer questions. There could be some discomfort from the needle sticks used to draw your blood. You also could have swelling or bruising at the site of needle stick; there is a small risk of infection at the site. Although most people have no infection or noticeable swelling when their blood is drawn, these side effects cannot be prevented in all cases. If you do have any of these symptoms, they will most likely go away in less than 2 weeks. A few people feel light-headed and may develop a fast heartbeat while blood is being drawn. These symptoms usually can be halted by having you lay down and/or by stopping the procedure. No injuries are anticipated in connection with the proposed study. However, if you have an injury or a bad side effect as a result of being in this study, you will receive medical care or treatment for your injury.

You will not be paid for being in the study. There are no costs to you for participating in this study – all supplies and materials will be provided free of charge. When you return for the follow-up visit 4–6 weeks after getting discharged from the hospital, you will receive a fixed sum one-time payment of ₹ 600 to cover the cost of your transportation and your time.

**Withdrawal without Prejudice**

Your participation is entirely voluntary. You shall have the freedom to withdraw from the study at any stage without prejudice. It will not affect the quality of the treatment you receive from the hospital.

**Alternatives**

There are no alternatives to participating in this study.

**Confidentiality (Privacy)**

The study staff will protect your test results and the information collected about you at all times, including after completion of study. Your name will not appear in any presentations or reports that will result from this research, even though your test results would be made available to your treating physician to help with your treatment.

**Questions**

If you have any queries regarding your rights and privileges in the context of this study, please contact Dr. Laxminarayana Bairy at the Manipal University, Manipal at this mobile number 9449208478 Monday through Saturday between 9 am and 5 pm.

If you have any queries regarding this study, please contact Dr. G Arunkumar at 9148970864. You may feel free to call him on any queries regarding injury, care or consent related issues any time. For any other queries please refer to the back portion of the 'patient card' provided to you containing local point of contacts.

The telephone number on this form should not be used in a medical emergency. If you are having a medical emergency, please go to the nearest health facility.

**Permission for storage and future use of specimens**

Blood, spinal fluid, nasal/throat swabs, urine, or stool samples collected for this study will be stored for upto 10 years with your permission at MCVR, MU for future research studies on the causes of fever diseases. The specimens will be stored only with the study ID number, not you/your family member's name. Specimens may be sent outside India for tests currently unavailable in India; this will only occur with the permission of the Government of India. If you do not want your samples to be stored/examined for future use/other testing, the samples will be destroyed after all testing is completed for this study. Samples will never be used for any genetic testing of you/your family member.

If you want to be in the study, put your signature on the line below. Signing on the line means you are saying, "I want to be in the study at this time."

I certify that this form was explained to me and that any of my questions about this study were answered.

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Signature/left thumb impression of the participant/parent or responsible adult in case of children below 18 years

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Participant's name

OR

Dated (DD/MM/YYYY)

-----  
Name of parent/responsible adult in case of children below 18 years

Relationship with participant

-----  
Signature of witness

Dated (DD/MM/YYYY)

-----  
Signature of authorised study staff/PI

Dated (DD/MM/YYYY)

**Patient Information sheet cum Consent - 1- 65 years**  
**Hospital based surveillance of Acute Febrile Illness (AFI) in India**

\_\_\_\_\_ **Voluntary Consent to participate** \_\_\_\_\_

**Principal Investigator: Dr. G. Arunkumar**

Professor and Head  
 Manipal Centre for Virus Research  
 Manipal University, Manipal  
 Karnataka State, India 576104

**Study ID #**

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**E-Mail**

: arun.kumar@manipal.edu

**Mobile**

: +91- 91489 70864 **Fax:** + 91- 820 - 2922718

You or your family member is being asked to participate in a research study. For the rest of this form, “you” refers to the person who is sick, who is either you, your child, or another person for whom you are responsible and legally competent to consent for participation in this study. Your participation in this study is completely voluntary wherein you can choose to be or not to be a part of this study. If you choose not to be a part of this study, you will still receive regular medical care.

**Purpose**

The purpose of this study is to find out what are the common causes of disease in patients who are admitted to this hospital with fever. It is common for people to seek medical care for fever. Although some causes are known, many of the causes of infections and why people get these infections are not known. New laboratory tests are also now available for some of these diseases. By carefully collecting information about you and your illness and then testing for the various causes of fever, we intend to learn more about the causes of fever in your area and better possible ways to treat and prevent these infections. If you are a minor, your parents know about the study and have consented to your participation in this study.

**Explanation of Procedures**

**What we would like to do**

You are being asked to participate in this study because you have been admitted to this hospital, having a fever, and your doctor thinks you have an infection. If you agree to participate, you will be asked questions about your current and prior medical conditions, general questions about your health, habits and family. These questions will take about 15 minutes to answer. As a volunteer, you do not have to answer any question that you are not comfortable with.

At the time of hospitalization, up to 10 milliliters(ml) of blood (1 to 2 teaspoons) will be taken from your arm. This blood will be used for routine tests that your doctor ordered and also be used for tests to diagnose the cause of your infection.

We will also take a throat and/or nasal swab by brushing a small cotton swab on the back of your throat and/or in your nose, and a urine sample.

If you have watery stool (loose motion) you will be asked to provide a small quantity of stool, or if unable to, a rectal swab from the surface of your anus will be collected.

If your doctor plans to take spinal fluid as part of your routine care, 2-4 ml (less than one teaspoon) will also be collected and tested for the study. You will have a lumbar puncture only if your doctor feels it is necessary as a part of your care, and not as a part of this study.

Sometimes, infections are identified only after sometime and that is why we will draw blood at two additional times i.e.; during discharge and follow up: 1) Prior to discharge from the hospital, 5 ml (about one teaspoon) of blood will be taken; and 2) After 4 to 6 weeks of discharge, you will be asked to return to this hospital for a follow-up visit. The follow-up visit will take about 15 minutes. During the visit, you will be asked a few questions about how you have been feeling since you left the hospital. At the follow up visit, another 5 ml of blood will be taken in the same manner. If you do not return for the follow-up visit at the scheduled time, someone from the study team may contact you by phone or at your home to find out if you are still willing to come for the follow-up visit and whether you can answer questions about your illness.

In addition to routine tests the samples collected will be tested for various infections that may have caused your illness and made you sick.

Testing of your specimens will occur both here at this hospital, and at labs run by the Manipal Centre for Virus Research (MCVR), Manipal University (MU). All tests performed, as part of this study will supplement, not replace, the routine testing conducted at your hospital.

The study team will also collect the information from your medical records about your illness and admission and complete the Case Report Forms (CRF).

**Benefits**

You may not receive any direct personal benefits from participating in this study. You will receive the same medical care from your doctor whether or not you volunteer for this study. Results of additional laboratory tests will be provided to your doctor when they are available and placed in your medical record. These results may help your medical care. This study may benefit

the health of people in your community in the future by learning the different types of infections that occur and understanding ways they can be prevented.

**Risks and Discomforts**

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Relationship with participant

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Signature of witness

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Signature of authorised study staff/PI

Dated (DD/MM/YYYY)

संमती फॉर्म: 7-17 वर्स पिरायेच्या भुरग्यान दिल्ली नांव नोंदणीची संमती  
भारतांतसतोवपी गंभीर जोरा (एएफआय) चेर ओरिपतलांत केल्लें सर्वेक्षण

मुखेल चवकशी अधिकारी : डॉ. जी. अरुणकुमार  
प्रोफेसर आनी मुखेली  
वायरस संशोधन केंद्र, मणीपाल  
मणीपाल विद्यापीठ  
कर्नाटक राज्य, भारत- 576 104

Study ID #

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मोबायल : +91-9148970864  
फॅक्स : +91-820-2922718

तुमकां संशोधन अभ्यासांत वांटो घेवपा खातीर सांगिल्लें आसा. संशोधन हो शाळेंत आसता त्या विज्ञान विज्ञाना सारको आसा. तुमकां संशोधन अभ्यासांत वांटो घेवंक आपयल्यात कारण तुमच्या दोतोरक तुमच्या रगत/कुडीत संसर्ग जाल्लो आसूंक शकता अशें दिसता.

ह्या अभ्यासांत वांटो घेवंचो कांय ना हो तुमचो निर्णय आसा. तुमी वांटो घेवपा खातीर मान्यताय दिली जाल्यार, तुमच्या वैजकीय स्थिती आनी फाटभुंये बद्दल प्रस्न विचारतले. तुमी ऐच्छिक रितीन वांटो घेतात देखून, तुमकां जाप दिवपाक समा दिसनाशिल्ल्या प्रस्नांक जापो दिवपाची गरज ना. ह्या अभ्यासाचो भाग म्हूण, तिनदांसुमार ५-१० मिली रगत तुमच्या हाताचे निरेंतल्यान काडटले. तुमी अभ्यासाक तुमची मान्यताय दितात त्या वेळार पयले फावटी रगत घेतले. नांवांनोदणी वेळार तुमच्या ताळ्यांतल्यान आनी नाकांतल्यान कापसाचो गुळेघालून नमुने घेतले. तुमकां परसा कडेन पातळ जायत जाल्यार, संडासाचो नमुनोय घेतले. सदांचे नियमीत तपासणे खातीर कण्याच्या भागांतल्यान द्रव पदार्थ घेतात जाल्यार, सुमार २ - ४ मिली अभ्यासा खातीर लेगीत घेतले.

तुमकां ओरिपतलांतल्यान घरा धाडचेपयलीं दुसरे खेपेक रगताचो नमुनो घेतले. डिस्चार्ज मेळ्या उपरांत तुमी ४-६ सप्तकांनी फॉलो अपा खातीर येवपाचें मान्य केलें जाल्यार, तुमचे कडल्यान तिसरे खेपेक रगताचो नमुनो घेतले. त्या फॉलो अप भेटेक सुमार १५ मिण्टां लागतलीं. त्या फॉलो अप भेटे वेळार, तुमकां ओरिपतलांतल्यान घरा वतकूच जिवाक काशें दिसलें ताचे बद्दल प्रस्न विचारतले. तुमी फॉलो अप भेटेक थारायिल्ल्या वेळार आयले ना जाल्यार, आमच्या अभ्यास पंगडांतलो एक वांगडी तुमकां वा तुमच्या घरा फोन करून तुमी फॉलो अप भेटेक येवंक सोदतात जाल्यार विचारतले.

फायदे:

तुमकां ह्या अभ्यासांतल्यान थेट व्यक्तिगत फायदो असो कांयच जावंचो ना. तुमी अभ्यासांत वांटो घेतलो वा ना घेतलो तरी तुमकां समान वैजकीय उपचार दितले. अतिरिक्त प्रयोगशाळा तपासण्यांचे निकाल उपलब्ध जातले तशें तुमच्या दोतोरक दितले आनी तुमच्या वैजकीय अहवाला वांगड ते दवरतले आनी ह्यादुयेंसांतल्यान बरो जावंक तुमकां हे अहवाल नोंदीचो फायदो जावंक शकता. वेगवेगळ्या संसर्गांच्या उत्पत्तीचे प्रकार आनी ते आळाबंदा हाडपाचे पद्दतींची जाण करून घेतिल्ल्यान, फुडाराक तुमचे समुदायेंतल्या लोकांचे भलायकेक आदार जातलो.

धोके आनी बेचैनी:

ह्या अभ्यासांत कांय धोके आसात, कारण रगत एका परस चड फावटी घेतात आनी रगत काडूंक वापरतात ती सूय घडये थोडी अस्वस्थताय करूंक शकता. सूय तोपिल्ले सुवातेर थोडी सूज वा दुखापत जावंक शकता आनी संसर्ग जावपाची लेगीत थोडी शक्यताय आसा. सूय तोपतात ते सुवातेर सुजूंक वा दुखापत जावंक आनी संसर्ग जावंक शकता. खुबदां संसर्ग जाल्ले सुवातेर संसर्ग वा सूज दिसना, मात अशें दुष्परिणाम सगळ्यांच दुयेंतीक जावपा पसून आडावंक शकनात. जर हातूंतलीं कांय लक्षणां दिसलीं जाल्यार, तीं २ सप्तकां परस उण्या वेळांत आपशींच ना जातात. कांय लोकांक अस्वस्थताय जाणवता वा काळजाचे ठोके वाडटात. न्हिदून दवरून वा रगत काडप बंद करून हीं लक्षणां बंद करूंक शकतात. कदाचीत, रगत काडिल्ले सुवातेर रगत किनेळूंक शकता. रगत घेतना जावंक शकतात अशे हें कांय धोके आसात. सामान्यपणान व्हडले दुष्परिणाम जायनात. सुचयल्ल्या अभ्यासांत कसलीच दुखापत जावपाची शक्यताय नासता. मात, ह्या अभ्यासाक लागून कसलेय वायट परिणाम जाले जाल्यार, तुमकां ते दुखापती खातीर वैजकीय जतनाय मेळटली वा वैजकीय उपचार करतले.

ते भायर, अतिरिक्त प्रस्नांच्यो जापो दिवंक आनी फॉलो अप भेट पूर्ण करूंक थोडो वेळ दिवंचो पडटलो.

तुमच्या अभ्यासांत वांटो घेवंक तुमकां पयशे फारीक करचे नात. अभ्यासांत ४-६ सप्तकां वांटो घेतल्या उपरांत, एका वेळाचो प्रवास आनी खर्च केल्ल्या वेळा खातीर फॉलो अपा वेळार ६००/- रुपयांची निश्चीत रक्कम दितले.

रगत, कण्याच्या भागाचो द्रव पदार्थ, नाकांतलो/ताळ्यांतलो नमुनो वा संडासाचे नमुने फुडाराक जोराच्या कारणांचेर अभ्यास करचे खातीर तुमची परवानगी घेवन एमसीव्हीआर, एमयू हांगा १० वर्सां मेरेन सांठोवन दवरतले. नमुने अभ्यास क्रमांक वापरून सांठयतले आनी तुमचें वा तुमच्या नातलगाच्या नांवांचो वापर करचे नात. भारतांत सद्या उपलब्ध नाशिल्ल्या चाचण्यां खातीर भारत सरकारचे परवानगेन नमुने भारता भायर धाडटले. तुमकां जरी तुमचे नमुने फुडाराक घेवंक आशिल्ल्या वापर/हेर तपासण्यां खातीर सांठोवचे न्हय/तपासचे न्हय अशें दिसता जाल्यार, सगळ्यो अभ्यास विशयक तपासण्यो पुराय जाल्या उपरांत नमुने नश्ट करतले. तुमचो/तुमच्या कुटुंबांतल्या वांगड्यांचो आनुवंशीक घटक तपासपा खातीर नमुन्यांचो वापर करचे नात.

ह्या अभ्यासा बद्दल तुमी खंयच्याय वेळार प्रस्न विचारूंक शकतात. अभ्यासाचो कर्मचारी वर्ग तांच्यो जापो दितलो. खंयच्याय वेळार तुमी अभ्यासांतलो सहभाग थांबोवंक शकतात. तुमी अभ्यासांत नाशिल्लो निर्णय घेतलो जाल्यार लेगीत कोणूच तुमचेर पिकार जावंचो ना. तुमी सुरू जाल्लो अभ्यास अर्द्यार सोडलो वा अभ्यासांत रावप ना असो निर्णय घेतलो जाल्यार लेगीत तुमचो दोतोर तुमची जतनाय घेतलो. तुमी अभ्यासांत रावपाचें थारायलें जाल्यार, अभ्यासांतलो कर्मचारी वर्ग आनी ह्या संशोधनांत काम करपी लोक तुमचें नांव आनी तुमची माहिती जाणा जावंक शकतले.

तुमचे अधिकार आनी अभ्यासा संबंदीत तुमकां कसलेय प्रस्न आसत जाल्यार, तुमी उपकार करून मणीपाल विद्यापीठांत डॉ. लक्ष्मीनारायण बाइरी हांचे कडेन ९४४९२०८४७८ ह्या मोबायल नंबराचेर सोमार ते शेनवार सकाळीं ९ ते सांजचे ५ हाच्या मजगतीं संपर्क करचो.

तुमकां ह्या अभ्यासा संबंदान तुमकां कसलेय दुबाव आसा जाल्यार, डॉ. जी. अरुणकुमार हांकां ९१४८९७०८६४ ह्या नंबराचेर संपर्क करचो. सुरक्षा, दुखापत वा मान्यताय हांच्या संबंदी कसलेय प्रस्न आसल्यार, डॉ. जी. अरुण कुमार हांचे कडेन अनमन नासतना तुमी संपर्क करू येता. हेर कसलेय प्रस्न आसल्यार उपकार करून 'दुयेंतीचें कार्ड' च्या फाटल्यान दिल्ले थळावे संपर्क नंबर पळोवचे.

ह्या फॉर्मचेर दिल्ले टेलिफोन नंबर वैजकी आपात काळा खातीर वापरचे न्हय. तुमकां तातडीन वैजकीय उपचाराची गरज आसल्यार, उपकार करून लागसारच्या ओरिपतलाक भेट दिवची.

तुमकां अभ्यासांत रावपाचें आसल्यार, सकयले वळीचेर तुमची निशाणी करची. वळीचेर निशाणी करप म्हणल्यार, 'ह्या वेळार म्हाका अभ्यासांत रावपाचें आसा' अशें तुमी सांगतात असो ताचो अर्थ जाता.

वांटेकार जावपी व्यक्तिची निशाणी/दाव्या हाताच्या आखाण्याचो छाप

तारीख (दीस/महयनो/वर्स)

हें फॉर्म भुरग्याक समजावून सांगलां आनी तांकां तांच्या प्रस्नांचीं समाधानकारक उत्तरां मेळ्यांत अशें हांव प्रमाणीत करतां

अधिकृत अभ्यास कर्मच्यान्याची/मुखेल चवकाशी अधिकारी निशाणी

तारीख (दीस/महयनो/वर्स)

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**भारतांतसतोवपी गंभीर जोरा (एफआय) चेर ओरिपतलांत केल्लें सर्वेक्षण**

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तुमकां संशोधन अभ्यासांत वांटो घेवपा खातीर सांगिल्लें आसा. संशोधन हो शाळेंत आसता त्या विज्ञान विज्ञाना सारको आसा. तुमकां संशोधन अभ्यासांत वांटो घेवंक आपयल्यात कारण तुमच्या दोतोरक तुमच्या रगत/कुडीत संसर्ग जाल्लो आसूंक शकता अशें दिसता.

ह्या अभ्यासांत वांटो घेवचो कांय ना हो तुमचो निर्णय आसा. तुमी वांटो घेवपा खातीर मान्यताय दिली जाल्यार, तुमच्या वैजकीय स्थिती आनी फाटभुंये बद्दल प्रस्न विचारतले. तुमी ऐच्छिक रितीन वांटो घेतात देखून, तुमकां जाप दिवपाक समा दिसनाशिल्ल्या प्रस्नांक जापो दिवपाची गरज ना. ह्या अभ्यासाचो भाग म्हूण, तिनदांसुमार ५-१०मिली रगत तुमच्या हाताचे निरेंतल्यान काडटले. तुमी अभ्यासाक तुमची मान्यताय दितात त्या वेळार पयले फावटी रगत घेतले. नांव नोंदणी वेळार तुमच्या ताळ्यांतल्यान आनी नाकांतल्यान कापसाचो गुळेघालून नमुने घेतले. तुमकां परसा कडेन पातळ जायत जाल्यार, संडासाचो नमुनोय घेतले. सदांचे नियमीत तपासणे खातीर कण्याच्या भागांतल्यान द्रव पदार्थ घेतात जाल्यार, सुमार २ - ४मिली अभ्यासा खातीर लेगीत घेतले.

तुमकां ओरिपतलांतल्यान घरा धाडचेपयलीं दुसरे खेपेक रगताचो नमुनो घेतले. डिस्वार्ज मेळ्या उपरांत तुमी ४-६ सप्तकांनी फॉलो अपा खातीर येवपाचें मान्य केलें जाल्यार, तुमचे कडल्यान तिसरे खेपेक रगताचो नमुनो घेतले. त्या फॉलो अप भेटेक सुमार १५ मिण्टां लागतलीं. त्या फॉलो अप भेटे वेळार, तुमकां ओरिपतलांतल्यान घरा वतकूच जिवाक काशें दिसलें ताचे बद्दल प्रस्न विचारतले. तुमी फॉलो अप भेटेक थारायिल्ल्या वेळार आयले ना जाल्यार, आमच्या अभ्यास पंगडांतलो एक वांगडी तुमकां वा तुमच्या घरा फोन करून तुमी फॉलो अप भेटेक येवंक सोदतात जाल्यार विचारतले.

फायदे:

तुमकां ह्या अभ्यासांतल्यान थेट व्यक्तिगत फायदो असो कांयच जावचो ना. तुमी अभ्यासांत वांटो घेतलो वा ना घेतलो तरी तुमकां समान वैजकीय उपचार दितले. अतिरिक्त प्रयोगशाळा तपासण्यांचे निकाल उपलब्ध जातले तशें तुमच्या दोतोरक दितले आनी तुमच्या वैजकीय अहवाला वांगड ते दवरतले आनी ह्यादुयेंसांतल्यान बरो जावंक तुमकां हे अहवाल नोंदीचो फायदो जावंक शकता. वेगवेगळ्या संसर्गांच्या उत्पत्तीचे प्रकार आनी ते आळाबंदा हाडपाचे पद्दतीची जाण करून घेतिल्ल्यान, फुडाराक तुमचे समुदायेंतल्या लोकांचे भलायकेक आदार जातलो.

धोके आनी बेचैनी:

ह्या अभ्यासांत कांय धोके आसात, कारण रगत एका परस चड फावटी घेतात आनी रगत काडूंक वापरतात ती सूय घडये थोडी अस्वस्थताय करूंक शकता. सूय तोपिल्लेसुवातेर थोडी सूज वा दुखापत जावंक शकता आनी संसर्ग जावपाची लेगीत थोडी शक्यताय आसा. सूय तोपतातसेसुवातेर सुजूंक वा दुखापत जावंक आनी संसर्ग जावंक शकता. खुबदां संसर्ग जाल्लेसुवातेर संसर्ग वा सूज दिसना, मात अशें दुष्परिणाम सगळ्यांच दुयेंतीक जावपा पसून आडावंक शकनात. जर हातूंतलीं कांय लक्षणां दिसलीं जाल्यार, तीं २ सप्तकां परस उण्या वेळांत आपशींच ना जातात. कांय लोकांक अस्वस्थताय जाणवता वा काळजाचे ठोके वाडटात. न्हिदून दवरून वा रगत काडप बंद करून हीं लक्षणां बंद करूंक शकतात. कदाचीत, रगत काडिल्ले सुवातेर रगत किनेळूंक शकता. रगत घेतना जावंक शकतात अशे हें कांय धोके आसात. सामान्यपणान व्हडले दुष्परिणाम जायनात. सुचयल्ल्या अभ्यासांत कसलीच दुखापत जावपाची शक्यताय नासता. मात, ह्या अभ्यासाक लागून कसलेय वायट परिणाम जाले जाल्यार, तुमकां तेदुखापती खातीर वैजकीय जतनाय मेळटली वा वैजकीय उपचार करतले.

ते भायर, अतिरिक्त प्रस्नांच्यो जापो दिवंक आनी फॉलो अप भेट पूर्ण करूंक थोडो वेळ दिवचो पडटलो.

तुमच्या अभ्यासांत वांटो घेवंक तुमकां पयशे फारीक करचे नात. अभ्यासांत ४-६ सप्तकां वांटो घेतल्या उपरांत, एका वेळाचो प्रवास आनी खर्च केल्ल्या वेळा खातीर फॉलो अपा वेळार ६००/- रुपयांची निश्चीत रक्कम दितले.

रगत, कण्याच्या भागाचो द्रव पदार्थ, नाकांतलो/ताळ्यांतलो नमुनो वा संडासाचे नमुने फुडाराक जोराच्या कारणांचेर अभ्यास करचे खातीर तुमची परवानगी घेवन एमसीव्हीआर, एमयू हांगा १० वर्सां मेरेन सांठोवन दवरतले. नमुने अभ्यास क्रमांक वापरून सांठयतले आनी तुमचें वा तुमच्या नातलगाच्या नांवांचो वापर करचे नात. भारतांत सद्या उपलब्ध नाशिल्ल्या चाचण्यां खातीर भारत सरकाराचे परवानगेन नमुने भारता भायर धाडटले. तुमकां जरी तुमचे नमुने फुडाराक घेवंक आशिल्ल्या वापर/हेर तपासण्यां खातीर सांठोवचे न्हय/तपासचे न्हय अशें दिसता जाल्यार, सगळ्यो अभ्यास विशयक तपासण्यो पुराय जाल्या उपरांत नमुने नश्ट करतले. तुमचो/तुमच्या कुटुंबांतल्या वांगड्यांचो आनुवंशीक घटक तपासपा खातीर नमुन्यांचो वापर करचे नात.

ह्या अभ्यासा बद्दल तुमी खंयच्याय वेळार प्रस्न विचारूंक शकतात. अभ्यासाचो कर्मचारी वर्ग तांच्यो जापो दितलो. खंयच्याय वेळार तुमी अभ्यासांतलो सहभाग थांबोवंक शकतात. तुमी अभ्यासांतनाशिल्लो निर्णय घेतलो जाल्यार लेगीत कोणूच तुमचेर पिकार जावचो ना. तुमी सुरू जाल्लो अभ्यास अर्द्यार सोडलो वा अभ्यासांत रावप ना असो निर्णय घेतलो जाल्यार लेगीत तुमचो दोतोर तुमची जतनाय घेतलो. तुमी अभ्यासांत रावपाचें थारायलें जाल्यार, अभ्यासांतलो कर्मचारी वर्ग आनी ह्या संशोधनांत काम करपी लोक तुमचें नांव आनी तुमची माहिती जाणा जावंक शकतले.

तुमचे अधिकार आनी अभ्यासा संबंदीत तुमकां कसलेय प्रस्न आसत जाल्यार, तुमी उपकार करून मणीपाल विद्यापीठांत डॉ. लक्ष्मीनारायण बाइरी हांचे कडेन ९४४९२०८४७८ ह्या मोबायल नंबरचेर सोमार ते शेनवार सकाळीं ९ ते सांजचे ५ हाच्या मजगतीं संपर्क करचो.

तुमकां ह्या अभ्यासा संबंदान तुमकां कसलेय दुबाव आसा जाल्यार, डॉ. जी. अरुणकुमार हांकां ९१४८९७०८६४ ह्या नंबरचेर संपर्क करचो. सुरक्षा, दुखापत वा मान्यताय हांच्या संबंदी कसलेय प्रस्न आसल्यार, डॉ. जी. अरुण कुमार हांचे कडेन अनमन नासतना तुमी संपर्क करू येता. हेर कसलेय प्रस्न आसल्यार उपकार करून 'दुयेंतीचें कार्ड' च्या फाटल्यान दिल्ले थळावे संपर्क नंबर पळोवचे.

ह्या फॉर्मचेर दिल्ले टेलिफोन नंबर वैजकी आपात काळा खातीर वापरचे न्हय. तुमकां तातडीन वैजकीय उपचाराची गरज आसल्यार, उपकार करून लागसारच्या ओरिपतलाक भेट दिवची.

तुमकां अभ्यासांत रावपाचें आसल्यार, सकयले वळीचेर तुमची निशाणी करची. वळीचेर निशाणी करप म्हणल्यार, "ह्या वेळार म्हाका अभ्यासांत रावपाचें आसा" अशें तुमी सांगतात असो ताचो अर्थ जाता.

वांटेकार जावपी व्यक्तिची निशाणी/दाव्या हाताच्या आखाण्याचो छाप

तारीख (दीस/महयनो/वर्स)

हें फॉर्म भुरग्याक समजावून सांगलां आनी तांकां तांच्या प्रस्नांचीं समाधानकारक उत्तरां मेळ्यांत अशें हांव प्रमाणीत करतां

अधिकृत अभ्यास कर्मच्यान्याची/मुखेल चवकाशी अधिकारी निशाणी

तारीख (दीस/महयनो/वर्स)

DOCUMENT PREPARED BY MANIPAL CENTRE FOR VIRUS RESEARCH



**Assent Form: Enrolment Assent Given by Child Aged 7-17 Years**  
**Hospital based surveillance of Acute Febrile Illness (AFI) in India**

Study ID #

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**Principal Investigator :** Dr. G. Arunkumar  
Professor and Head  
Manipal Centre for Virus Research  
Manipal University, Manipal  
Karnataka State, India 576104

**E-Mail :** arun.kumar@manipal.edu  
**Mobile :** +91- 91489 70864  
**Fax :** + 91- 820 - 2922718

You are being asked to participate in a research study. Research is like the science subject in school. You have been asked to be in a research study because your doctor thinks you are sick with an infection of your blood / body.

You can decide if you want to be in this study or not. If you agree to participate, you will be asked questions about your medical condition and background. As a volunteer, you do not have to answer any question that you are not comfortable with. As part of this study, you will have 5-10 milliliter, about a tablespoonful, of blood taken from your arm thrice. Blood will be taken for the first time soon after you agree to be a volunteer in this study. A nasal and throat swab and a urine sample will also be collected, at the time of enrolment. A stool sample / rectal swab may be collected if you have watery stool (loose motion). If spinal fluid is taken as part of your routine care, 2 - 4 ml of the same will also be collected for the study.

Blood will be taken for the second time right before you are discharged from the hospital. Blood will be taken for the third time 4 - 6 weeks after getting discharged if you are willing to return for a follow-up visit. The follow-up visit will take about 15 minutes. At that visit, you will also be asked questions about how you have been feeling since you left the hospital. If you do not return for the follow-up visit at the scheduled time, someone from the study team may contact you by phone or at your home to find out if you are still willing to come for the follow-up visit.

**Benefits**

You may not receive any direct personal benefits from being in this study. You will receive the same medical care from your doctor whether or not you volunteer for this study. Results of additional laboratory tests will be provided to your doctor when they are available and placed in your medical record, and these results may help you get better from this illness. This study may benefit the health of people in your community in the future by learning the different types of infections that occur and understanding ways they might be prevented.

**Risks and Discomforts**

There are some risks to be in this study, related to the additional blood being obtained. There could be some discomfort from the needle sticks used to draw your blood. You also could have swelling or bruising at the site of the needle stick; there is a small risk of infection at the site. Although most people have no infection or noticeable swelling when their blood is drawn, these side effects cannot be prevented in all cases. If you do have any of these symptoms, they will most likely go away in less than 2 weeks. A few people feel light-headed and may develop a fast heartbeat while blood is being drawn. These symptoms usually can be halted by having you lay down and/or by stopping the procedure. Rarely, a blood clot may develop at the site of the blood draw. These are incident risks for blood draws; major side effects do not usually occur. No injuries are anticipated in connection with the proposed study. However, if you have an injury or a bad side effect as a result of being in this study, you will receive medical care or treatment for your injury.

Additionally there will be some time required to answer the additional questions and to complete a follow up visit.

You will not be paid for being in the study. However, when you return for the follow-up visit 4 – 6 weeks after getting discharged you or your parent will receive a fixed sum one-time payment of ₹ 600 to cover the cost of your transport and your time.

Blood, spinal fluid, nasal/throat swabs, urine, or stool samples will be stored for future studies. The specimens will be stored only with the study ID number, not your/your family member's name. The specimens will be stored at MCVR, MU for up to 10 years for future studies on the cause of your infection. Your specimens may be sent outside India for tests currently unavailable; this will only occur with the permission of the Government of India. If you do not want your samples to be stored/examined for future use/other testing, the samples will be destroyed after all testing is completed for this study. Samples will never be used for any genetic testing of you/your family member.

You can ask questions about this study at any time. The study staff will give you answers. You can stop being in the study at any time. No one will be upset with you if you do not want to be in the study now or if you want to stop being in the study later. Your doctor will still take care of you if you do not want to be in the study or if you leave the study after you have already started. If you agree to be in the study, the study staff and people who work on this research may know your name and information about you.

If you have any queries regarding your rights and privileges in the context of this study, please contact Dr. Laxminarayana Bairy at the Manipal University, Manipal at this mobile number 9449208478 Monday through Saturday between 9 am and 5 pm.

If you have any queries regarding this study, please contact Dr. G. Arunkumar at 9148970864. You may feel free to call him on any queries regarding injury, care or consent related issues any time. For any other queries please refer to the back portion of the 'patient card' provided to you containing local point of contacts.

The telephone number on this form should not be used in a medical emergency. If you are having a medical emergency, please go to the nearest health facility.

If you want to be in the study, put your signature on the line below. Signing on the line means you are saying, "I want to be in the study at this time."

-----  
Signature/left thumbprint of the participant

-----  
Dated (DD/MM/YYYY)

I certify that this form was explained to the child above and that any questions about this study were answered.

-----  
Signature of authorized study staff/PI

-----  
Dated (DD/MM/YYYY)

DOCUMENT PREPARED BY MANIPAL CENTRE FOR VIRUS RESEARCH

**Assent Form: Enrolment Assent Given by Child Aged 7-17 Years  
Hospital based surveillance of Acute Febrile Illness (AFI) in India**

**Principal Investigator :** Dr. G. Arunkumar  
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Signature/left thumbprint of the participant

Dated (DD/MM/YYYY)

I certify that this form was explained to the child above and that any questions about this study were answered.

-----  
Signature of authorized study staff/PI

Dated (DD/MM/YYYY)

DOCUMENT PREPARED BY MANIPAL CENTRE FOR VIRUS RESEARCH

<b>Study ID #</b>	<b>Date of recruitment</b>	<b>Study Site</b>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<b>DEMOGRAPHIC INFORMATION (लोकसंख्येचे बांदावळीची माहिती)</b>		
<b>1 Address नामो:</b>		
1a. State राज्य: _____	1f. Post Office टपाल कचेरी: _____	
1b. District जिल्लो: _____	1g. Gram Panchayath ग्राम पंचायत: _____	
1c. Taluk तालुको: _____	1h. Village गांव: _____	
1d. Tehsil तेहसील: _____	1i. Landmark भुंयचिन्न: _____	
1e. PIN Code पीन कोड: _____		
<b>2</b>		
2a. Age in years वर्सांनी पिराय: _____	2d. Marital status लग्ना विशींची स्थिती:	
	<input type="checkbox"/> Single आकवार	<input type="checkbox"/> Married लग्न जाल्लें
2b. DOB: जल्माची तारीख	If Married female, लग्न जाल्ली बायल आसल्यार,	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
2c. Gender लिंग:	2e. Currently pregnant सद्या गुरवार आसा	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Male दादलो	<input type="checkbox"/> Female बायल	<input type="checkbox"/> Others हेर
	If Yes, हय आसल्यार,	
	2f. Weeks सप्तक	<input type="text"/>
<b>3 Please choose the appropriate occupation from the list given below in the table and record the response in the space provided:</b>		
3a. Major Occupation (select from list) : _____ मुखेल वेवसाय/धंदो (वळेरींतल्यान वेंचें)		
3b. Secondary Occupation 1: _____ दुय्यम वेवसाय 1		
3c. Secondary Occupation 2: _____ दुय्यम वेवसाय 2		
3d. Secondary Occupation 3: _____ दुय्यम वेवसाय 3		
<b>List of Occupations वेवसाय/धंद्याची वळेरी</b>		
<b>Professionals</b>	<b>Non-professionals</b>	
Carpenter मेस्त	Farmer शेतकार	
Doctor दोतोर	Head load coolie ओझें व्हावोवपी कुली	
Driver ड्रायवर	Housewife घरकान्न	
Electrician इलॅक्ट्रिशियन	Manual labourer (Agriculture) मानाय (शेत)	
Health worker भलायकी कर्मचारी	Manual labourer (Masonry) मानाय (गंवडीकाम)	
Office worker कार्यालयीन	Meat handler खाटीक	
Nurse नर्स	Shepherd धनगर	
Student विद्यार्थी	Unemployed बेरोजगार	
Teacher शिक्षक		
If others, please specify in the space provided above हेर (स्पश्ट करचें)		

## CLINICAL HISTORY (☑ Applicable ones)

4. Date of admission:  
प्रवेशिकाची तारीख

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

5. Date of onset of fever (DOF):  
जोर येवक लागिल्ली तारीख (DOF)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Ask each of the following questions separately and record the subject's response by ticking in the appropriate box.

Y N U  
(Y-Yes, N-No, U- I don't know)  
(Y-हय, N-ना, U-म्हाका खबर ना)

●  
(Date of onset of fever)

6. Was your fever intermittent or continuous?  
तुमकां जोर अदी मदीं येता कांय सतत येता?

 Continuous  
अदी मदी

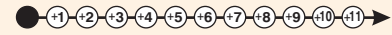
 Intermittent  
सतत

7. What was the duration of fever as on today (the date of recruitment)?  
आयच्या दिसा सावन, जोर आयल्यार कितले दीस जाल्यात (रुजू जाल्ली तारीख)?

 Duration (days)  
कालमान (दीस)

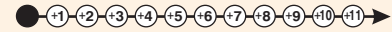
8. Did you feel cold or cold with shivering/shaking of the body while having fever? (Chills/Rigor)  
तुमकां जोर आसता तेन्ना थंडी खाता वा थंडी खावन कुडकुडां भरता/ आंग थरथरतालें? (शीं खाता/आंगार कांटो येता)

 Y  N  U

 Duration (days)  
कालमान (दीस)


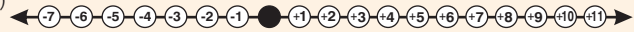
9. Did you feel sweating during night while having fever? (Night sweats)  
तुमकां जोर आसतना रातचो घाम बी येतालो? (रातचो घाम येता)

 Y  N  U

 Duration (days)  
कालमान (दीस)


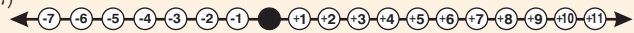
10. Did you have runny nose within few days before/after onset of fever? (Coryza)  
तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत नाक व्हावतालें? (थंडी)

 Y  N  U

 Duration (days)  
कालमान (दीस)


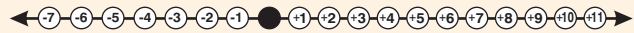
11. Did you have cough within few days before/after onset of fever? (Cough)  
तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत खोकली येताली? (कफ)

 Y  N  U

 Duration (days)  
कालमान (दीस)


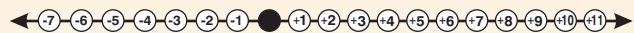
12. Did you have irritation/pain of throat within few days before/after onset of fever? (Sore throat)  
तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत ताळ्याक खरजतालो/ताळो दुखतालो? (ताळो दुखता)

 Y  N  U

 Duration (days)  
कालमान (दीस)


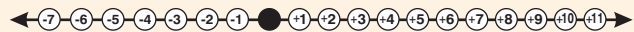
13. Did you experience difficulty in breathing within few days before/after onset of fever? (Breathlessness)  
तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत श्वास घेवंक त्रास जातालो? (खरस येता)

 Y  N  U

 Duration (days)  
कालमान (दीस)


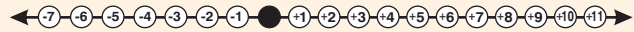
14. Did you experience pain in chest within few days before/after onset of fever? (Chest Pain)  
तुमकां जोर येवच्या कांय दिसां पयलीं / उपरांत हड्ड्यांत दुखतालें? (हड्ड्यांत दुखता)

 Y  N  U

 Duration (days)  
कालमान (दीस)


15. Did you have headache within few days before/after onset of fever? (Headache)  
तुमकां जोर येवच्या कांय दिसां पयलीं / उपरांत तकली दुखताली? (तकली उसळता)

 Y  N  U

 Duration (days)  
कालमान (दीस)


16. Were you troubled by bright light within few days before/after onset of fever? (Photophobia)  
तुमकां उजवाडाचो त्रास जाता? (फोटोफोबिया)
- Y  N  U  Duration (days)  
कालमान (दीस)
- ← -7 -6 -5 -4 -3 -2 -1 ● +1 +2 +3 +4 +5 +6 +7 +8 +9 +10 +11 →
17. Did you have pain behind your eye ball especially while moving eyes within few days before/after onset of fever? (Retro orbital pain)  
तुमकां दोळे घुंवडायता तेन्ना तुमकां बिंबुळा फाटल्यान दुखता?  
(रिट्रोऑर्बिटल दूख)
- Y  N  U  Duration (days)  
कालमान (दीस)
- ← -7 -6 -5 -4 -3 -2 -1 ● +1 +2 +3 +4 +5 +6 +7 +8 +9 +10 +11 →
18. Had your eye(s) become red and irritable within few days before/after onset of fever? (Red eye)  
तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत आंग दुखताले?  
(स्नायुंची दूख)
- Y  N  U  Duration (days)  
कालमान (दीस)
- ← -7 -6 -5 -4 -3 -2 -1 ● +1 +2 +3 +4 +5 +6 +7 +8 +9 +10 +11 →
19. Did you experience generalized body ache within few days before/after onset of fever? (Myalgia)  
तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत सांदे दुखताले?  
(सांदे दुखी)
- Y  N  U  Duration (days)  
कालमान (दीस)
- ← -7 -6 -5 -4 -3 -2 -1 ● +1 +2 +3 +4 +5 +6 +7 +8 +9 +10 +11 →
20. Did you experience pain in your joints within few days before/after onset of fever? (Joint pain)  
तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत दोळो (दोळे)  
तांबडे जाल्ले आनी खरजताले? (तांबडे दोळे)
- Y  N  U  Duration (days)  
कालमान (दीस)
- ← -7 -6 -5 -4 -3 -2 -1 ● +1 +2 +3 +4 +5 +6 +7 +8 +9 +10 +11 →
- If Yes, हय जाल्यार, 20a. Location:  Small joints  Large joints  Both  
सुवात ल्हान सांदे व्हडले सांदे दोनूय
21. Did you experience general weakness within few days before/after onset of fever? (General weakness)  
तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत सर्वसादारण अशक्तताय जाणवताली? (सर्वसादारण अशक्तपण)
- Y  N  U  Duration (days)  
कालमान (दीस)
- ← -7 -6 -5 -4 -3 -2 -1 ● +1 +2 +3 +4 +5 +6 +7 +8 +9 +10 +11 →
- If Yes, हय जाल्यार,
- 21a. Was it extreme weakness such as inability to get up from the bed? (Prostration)  
तुमकां खाटी वयल्यान उठूंक लेगीत जायना इतलें अशक्तपण जाणवतालें? (अशक्तताय)
- Y  N  U  Duration (days)  
कालमान (दीस)
- ← -7 -6 -5 -4 -3 -2 -1 ● +1 +2 +3 +4 +5 +6 +7 +8 +9 +10 +11 →
22. Did you experience pain in abdomen within few days before/after onset of fever? (Abdominal pain)  
तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत पोटांत दुखापत जाताली? (पोट दुखी)
- Y  N  U  Duration (days)  
कालमान (दीस)
- ← -7 -6 -5 -4 -3 -2 -1 ● +1 +2 +3 +4 +5 +6 +7 +8 +9 +10 +11 →
23. Did you experience nausea (Vomiting sensation) within few days before/after onset of fever? (Nausea)  
तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत ओंकारो (मळमळप) येतालो? (ओंकारो)
- Y  N  U  Duration (days)  
कालमान (दीस)
- ← -7 -6 -5 -4 -3 -2 -1 ● +1 +2 +3 +4 +5 +6 +7 +8 +9 +10 +11 →
24. Did you have vomiting within few days before/after onset of fever? (Vomiting)  
तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत उलटी जाताली?  
(उलटी)
- Y  N  U  Duration (days)  
कालमान (दीस)
- ← -7 -6 -5 -4 -3 -2 -1 ● +1 +2 +3 +4 +5 +6 +7 +8 +9 +10 +11 →
25. Did you have diarrhea within few days before/after onset of fever? (3 or more loose/liquid stools/day) (Diarrhea)  
तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत हागवण लागिल्ली?  
(दिसांतल्यान 3 वा चड फावटी पातळ/ उदकाळ परसा कडेन जावप) (अतिसार)
- Y  N  U  Duration (days)  
कालमान (दीस)
- ← -7 -6 -5 -4 -3 -2 -1 ● +1 +2 +3 +4 +5 +6 +7 +8 +9 +10 +11 →
26. Did you notice yellow discoloration of your skin or eye within few days before/after onset of fever? (Jaundice)  
तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत दोळे वा कातीचो रंग हळदुवो जाला अशें तुमकां जाणवलें? (कामीण)
- Y  N  U  Duration (days)  
कालमान (दीस)
- ← -7 -6 -5 -4 -3 -2 -1 ● +1 +2 +3 +4 +5 +6 +7 +8 +9 +10 +11 →

27. Did you experience urgency of passing urine or burning sensation while passing urine within few days before/after onset of fever? (Burning micturition)  Y  N  U  Duration (days) कालमान (दीस)

तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत तेकून मुतूंक जातालें वा मूततना जळटालें? (लघवीची जळजळ)

←-7-6-5-4-3-2-1-●+1+2+3+4+5+6+7+8+9+10+11→

28. Did you experience difficulty/pain while moving your neck within few days before/after onset of fever? (Neck stiffness)  Y  N  U  Duration (days) कालमान (दीस)

तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत तुमची मान घुंवडायतना वा हालयतना दुखताली/त्रास जातालो? (मान आखुंडप)

←-7-6-5-4-3-2-1-●+1+2+3+4+5+6+7+8+9+10+11→

29. Did you experience any reduction in the level of alertness (somnia to coma) within few days before/after onset of fever? (Altered sensorium)  Y  N  U  Duration (days) कालमान (दीस)

तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत जागरूकतायेंत कमी आयिल्ल्या (शुद्ध हरपुपी बेशुद्धी) चो अणभव आयला? (संवेदनेंत बदल)

←-7-6-5-4-3-2-1-●+1+2+3+4+5+6+7+8+9+10+11→

30. Did you experience sudden uncontrollable muscle contraction/ spasms otherwise known as seizures within few days before/after onset of fever? (Seizures)  Y  N  U  Duration (days) कालमान (दीस)

तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत एकदम अनियंत्रित स्नायूंचें आकुंचन/केंच येवप ना जाल्यार आंग धरप असो अणभव आयला? (धरप)

If Yes, हय जाल्यार,

30a. Type of seizure:  Focal (Only a part of the body)  Generalized (Whole body)  
धरपाचो प्रकार केंद्रीय (कुडीचो फकत एक भाग) बहुतांशी (पुराय कूड)

30b. How many times? कितले फावटी?: \_\_\_\_\_

30c. Maximum duration (in minutes) कमाल कालमान (मिनटांनी): \_\_\_\_\_

31. Did you experience partial or complete paralysis of any part of the body within few days before/after onset of fever? (Paralysis/Paresis)  Y  N  U  Duration (days) कालमान (दीस)

तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत कुडीच्या खंयच्याय एका भागाक अर्दो वा पुरायपणान आर मारिल्ली? (आर मारप/अर्धांगवायू)

←-7-6-5-4-3-2-1-●+1+2+3+4+5+6+7+8+9+10+11→

32. Did you notice any colour change in your skin - a rash within few days before/after onset of fever? (Rash)  Y  N  U  Duration (days) कालमान (दीस)

तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत कातीचो रंग बदल्ला-पुळयो आयल्यात अशें तुमकां दिसलें? (पुळयो)

←-7-6-5-4-3-2-1-●+1+2+3+4+5+6+7+8+9+10+11→

If Yes, हय जाल्यार,

32a. Site जागो: \_\_\_\_\_

33. Did you notice blood/brick red colour in sputum/faeces/urine/vomitus within few days before/after onset of fever?  Y  N  U  Duration (days) कालमान (दीस)

तुमकां जोर येवच्या कांय दिसां पयलीं/उपरांत थुकयेंत/संडासांत/मुतांत/उलटेंत रगत/ विटेंत सारको तांबडो रंग दिसला?

←-7-6-5-4-3-2-1-●+1+2+3+4+5+6+7+8+9+10+11→

If yes, where? हय जाल्यार, किद्यांत? \_\_\_\_\_

33a. Sputum  Y  N  
थुकी

33b. Faeces  Y  N  
संडास

33c. Urine  Y  N  
मूत

33d. Vomitus  Y  N  
उलटी



34. Have you received any vaccinations/ immunizations in the past ONE year?

 Y  N  U

तुमी फाटल्या एक वर्सात कसलेंय वासीन/लस घेतल्या?

If yes, Specify हय जाल्यार, स्पश्ट करचें

34a. Vaccine वासीन: \_\_\_\_\_ month म्हयना: \_\_\_\_\_ year वर्स: \_\_\_\_\_

34b. Vaccine वासीन: \_\_\_\_\_ month म्हयना: \_\_\_\_\_ year वर्स: \_\_\_\_\_

34c. Vaccine वासीन: \_\_\_\_\_ month म्हयना: \_\_\_\_\_ year वर्स: \_\_\_\_\_

34d. Vaccine वासीन: \_\_\_\_\_ month म्हयना: \_\_\_\_\_ year वर्स: \_\_\_\_\_

35. Do you have any chronic/non communicable medical conditions?

 Y  N  U

तुमकां खंयचेंय बळावळ्लें/ दुसऱ्यांक सांगूंक शकना अशें दुयेंस आसा?

If yes, tick all applicable हय जाल्यार, लागू जावपी सगळ्यांचेर खुणा करची

35a. Hypertension (High Blood Pressure)

हायपरटेंशन (उच्च रक्त दाब)

 Y  N  U

35b. Diabetes (sugar)

मधुमेह (साकर)

 Y  N  U

35c. Asthma/wheezing

दमो/घरघर

 Y  N  U

35d. Liver Cirrhosis

फिगदाची पिडा

 Y  N  U

35e. Chronic Renal failure

बळावळ्लें मुत्राशयाची हामी

 Y  N  U

35f. Myocardial Infarction (heart attack)

मायोकार्डियल इन्फारक्शन (काळजाचो आताक)

 Y  N  U

35g. Stroke

आघात

 Y  N  U

35h. Cancer

कर्क रोग

 Y  N  U

35i. Others (any other major illness diagnosed recently, please mention)

हेर (हालींच आनीक कसल्याय व्हडल्या दुयेंसाचें निदान जाल्लें आसल्यार, उपकार करून उल्लेख करचो)

\_\_\_\_\_

36. Is there anything that you wish to tell me which you think I have not asked you?

 Y  N  U

हांवें विचारलें ना अशें तुमकां दिसता, अशें किदेंय आसा?

If yes, brief हय जाल्यार, सविस्तार सांगचें:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EPIDEMIOLOGIC DATA (☑ Applicable ones)

37. In the past 4 weeks before your illness, have you been in contact with any of the following animals at least once in a day?

Y  N  U

तुमी दुयेंत जावच्या 4 सप्तकां पयलीं, तुमी दिसाक कमीत कमी एकदां तरी सकयल उल्लेख केल्ल्या जनावरांच्या संपर्कांत आयल्यात? (लागू जावपी सगळ्यांचेर खुणा करची)

- Sheep/goat  Cattle  Deer  Pig  Chicken  
मेंढरो/बोकडो गोरवां हरण दुकर कोंबयो
- Duck  Pigeon  Cat  Dog  Bat  
बदक पारवो माजर सुणो वटवाघूळ
- Rat  Monkey  Other Birds \_\_\_\_\_  
चानी माकड हेर सुकणीं
- Other Animals \_\_\_\_\_  
हेर जनावरां

38. Do any animal enter inside your house?

Y  N  U

तुमच्या घरांत खंयचेंय जनावर येता?

If yes, Specify हय आसल्यार, स्पश्ट करचें

- Sheep/goat  Cattle  Chicken  Cat  Dog  
मेंढरो/बोकडो गोरवां कोंबयो माजर सुणो
- Other Animals \_\_\_\_\_  
हेर जनावरां

39. Did any animal birthing taken place at your home during last 1-2 months?

Y  N  U

फाटल्या 1-2 म्हयन्यांत तुमच्या घरांत खंयच्याय जनावरान पिलांक जल्म दिला ?

If yes, हय आसल्यार,

39a. Did you directly participate in the birthing process?

Y  N

तुमी त्या प्रक्रियेंत भाग घेतिल्लो?

39b. Which animal? खंयचें जनावर?

- Sheep/goat  Cattle  Pig  Cat  Dog  
मेंढरो/बोकडो गोरवां दुकर माजर सुणो
- Other Animals \_\_\_\_\_  
हेर जनावरां

40. Did any animal abortion taken place at your home during last 1-2 months?

Y  N  U

फाटल्या 1 म्हयन्यांत तुमच्या घरांत/शेजारच्या घरांत खंयच्याय जनावर वा सुकण्याचें मरण जालां?

If yes, हय आसल्यार,

40a. Which animal? खंयचें जनावर?

- Sheep/goat  Cattle  Pig  Cat  Dog  
मेंढरो/बोकडो गोरवां दुकर माजर सुणो
- Other Animals \_\_\_\_\_  
हेर जनावरां

41. Was there any animal or bird death in your household / neighborhood in the last 1 month?

Y  N  U

फाटल्या 1 म्हयन्यांत तुमच्या घरांत/शेजारच्या घरांत खंयच्याय जनावर वा सुकण्याचें मरण जालां?

If yes, हय आसल्यार,

41a. Specify animal खंयच्या जनावराचो: \_\_\_\_\_

- Sheep/goat  Cattle  Pig  Chicken  Duck  
मेंढरो/बोकडो गोरवां दुकर कोंबयो बदक
- Cat  Dog  Other Animals \_\_\_\_\_  
माजर सुणो हेर जनावरां

41b. Sudden or unexpected death?

Y  N

अचकीत वा अनपेक्षीत मरण?

42. Did you have any contact with dead or sick animal during last one or two months?

 Y  N  U

फाटल्या 1-2 म्हयन्यांत तुमच्या घरांत खंयच्याय जनावराचो गर्भपात जाल्लो?

If yes, हय जाल्यार,

42a. Specify animal तें जनावर खंयचे:

<input type="checkbox"/> Sheep/goat मेंढरो/बोकडो	<input type="checkbox"/> Cattle गोरवां	<input type="checkbox"/> Pig दुकर	<input type="checkbox"/> Chicken कोंबयो	<input type="checkbox"/> Duck बदक
<input type="checkbox"/> Cat माजर	<input type="checkbox"/> Dog सुणो	<input type="checkbox"/> Other Animals _____ हेर जनावरां		

42b. Describe nature of contact संपर्काचें स्वरूप स्पश्ट करचे: \_\_\_\_\_

42c. Did you consume meat of the same sick/ dead animal? \_\_\_\_\_

तुमी त्या मेल्ल्या/ दुयेंत जनावराचें मास खाल्लें?

43. Did you participate in slaughter or butchering livestock or wild animals during last one or two months?

 Y  N  U

फाटल्या एक वा दोन म्हयन्याच्या काळांत तुमी पाळीव वा रानटी जनावरांचे कत्तल वा कापणेंत वाटेकार जाल्ले?

44. Did you have any contact with raw meat/ animal blood in the last 4 months?

 Y  N  U

फाटल्या 4 म्हयन्यांत खंयचेंय कच्चे मास/ जनावरांच्या रगता कडेन तुमचो संपर्क आयला?

If yes, हय जाल्यार,

44a. Describe nature of contact संपर्काचें स्वरूप स्पश्ट करचे: \_\_\_\_\_

45. Did you work or till on agricultural land/ farm in the past 4 weeks?

 Y  N  U

फाटल्या 4 सप्तकांत तुमी शेतांत/बागायतींत काम वा नांगरणी केल्या?

46. Did you work in paddy fields, in the past 4 weeks?

 Y  N  U

फाटल्या 4 सप्तकांत, तुमी भाताच्या शेतांत काम केलां?

47. Did you go fishing in the past 4 weeks?

 Y  N  U

फाटल्या 4 सप्तकांत तुमी नुस्तें धरूंक गेल्ले?

48. Do you have any water (irrigation) canals nearby your house or farmland?

 Y  N  U

तुमच्या घर वा शेता लागसार उदका (जिपणावळ) खारीज आसा?

49. Did you work in stagnant water in the past 4 weeks?

 Y  N  U

फाटल्या 4 सप्तकांत सांचून उरिल्ल्या उदकांत तुमी काम केलां?

50. Did you work under "Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)" in the past 4 weeks?

 Y  N  U

फाटल्या 4 सप्तकांत तुमी "रोजगार हमी येवजण/काम कार्यावळीच्या राष्ट्रीय आहारा खातीर काम केलां?

If yes, हय जाल्यार,

50a. Specify nature of last work संपर्काचें स्वरूप स्पश्ट करचे: \_\_\_\_\_

51. Do you live in close proximity (within 5 minutes walking distance) to the forest?

 Y  N  U

तुमी राना लागसार (5 मिनीटांच्या चलपाच्या अंतराचेर)?

52. Did you go to forest in the past 4 weeks?

 Y  N  U

फाटल्या 4 सप्तकांत तुमी रानांत गेल्ले?

If yes, for what purposes you enter the forest? (Tick all applicable)

हय जाल्यार, तुमी रानांत किद्या खातीर गेल्ले? (लागू जावपी सगळ्यांचेर खुणा करची)

52a. Firewood collection सरपण एकठांय करूंक

52b. Dry leaf collection सुकीं पानां एकठावूंक

52c. Grass collection तण हाडूंक

52d. Wood cutting/ logging मदेर कापणी/लांकडां कातरूंक

52e. Honey collection म्होंव जमोवंक

52f. Algae collection शेळो एकठावूंक

52g. Cattle grazing गोरवां चरोवंक

52h. Work on agricultural land inside forest रानांत आशिल्ल्या शेतांत काम करूंक

52i. Fishing नुस्तें धरूंक

52j. Hunting कांसाक

52k. Forest department work राना खात्याचें काम

If yes, हय जाल्यार, 52k. (i) specify उल्लेख करचो: \_\_\_\_\_

52l. Leisure activities उसरपतीचीं कामां

If yes, हय जाल्यार, 52l. (i) specify उल्लेख करचो: \_\_\_\_\_

52m. Others हेर: \_\_\_\_\_

53. Did you anytime see ticks in and around your household within 4 weeks before the onset of fever?  Y  N  U

तुमकां जोर येवच्या 4 सप्तकां पयलीं घरांत आनी घरा भोंवतणी तुमकां किट्को दिशिल्ल्यो?

54. Did you anytime see ticks on your body, within 4 weeks before the onset of fever?  Y  N  U

तुमकां जोर येवच्या 4 सप्तकां पयलीं, आंगाचेर तुमकां किट्को दिशिल्ल्यो?

If yes, हय जाल्यार,

54a. How do you remove them? \_\_\_\_\_  
तुमी त्यो कश्यो काडल्यो?

55. What is the source of drinking water in your home? (Tick all applicable)

तुमच्या घरांत पिवपाच्या उदकाचो स्रोत खंयचो आसा? (लागू जावपी सगळ्यांचेर खुणा करची)

- Dug well  Hand pump  Tube well  Public well  Public water tap  
खणिल्ली बांय हात पंप कूपनलिका भौशीक बांय भौशीक उदका नळ
- Panchayath/Municipality water supply  Tanker water supply  Pond  
पंचायत/नगरपालीकेन पुरवण केल्लें उदक टँकर उदकाची पुरवण करता न्हंय
- Stream  Others \_\_\_\_\_  
तळ्यांतलो झरा हेर

56. Do you store water in home?  Y  N  U

तुमी घरांत उदक सांठोवन दवरतात?

If yes, हय जाल्यार,

56a. Where? (specify) खंय? (उल्लेख करचो) \_\_\_\_\_

57. Do you use a sanitary latrine at your home?  Y  N  U

तुमी घरांत संडासाचो वापर करतात?

58. Where do you take bath? (Tick all applicable)

तुमी खंय न्हातात? (लागू जावपी सगळ्यांचेर खुणा करची)

- River  Pond  Stream  Home  Other place (Specify) \_\_\_\_\_  
न्हंय तळें वझरो घर हेर सुवात (उल्लेख करचो)

59. Did you sleep under the bednet last night?  Y  N  U

काल राती तुमी खाटीर मच्चरदाणी पोंदा न्हिदिल्ले?

60. At any time in the past 12 months, has anyone come into your/the patient's dwelling to spray the interior walls against mosquitoes (or fleas)?  Y  N  U

फाटल्या 12 म्हयन्यांत खंयच्याय वेळार, कोणेंय तुमच्या/दुयेंतीच्या रावता त्या घरांत जळारां (वा मूस) मारपी वखदांची फवारणी केल्ली ?

60a. If yes, How many months ago was the dwelling last sprayed? \_\_\_\_\_  
हय जाल्यार, कितल्या म्हयन्यां पयलीं घरांत निमाणी फवारणी केल्ली?

61. Do you have children below 15 years staying in your house?  Y  N  U

तुमच्या घरांत 15 वर्सां पिराये सकयलीं भुरगीं आसात?

62. Did you have contact with anyone having/had similar illness in the month before you got sick?  Y  N  U

तुमी दुयेंत जावच्या पयलींच्या म्हयन्यांत असलेंच दुयेंस जाल्ल्या/आशिल्ल्या कोणा कडेनूय तुमचो संपर्क आयिल्लो?

63. Did you go for any travel in the last one month?  Y  N  U

निमाण्या एका म्हयन्यांत तुमी खंयूय प्रवास केला?

If Yes, हय जाल्यार,

63a. From हांगा सावन: \_\_\_\_\_ To हांगा मेरेन: \_\_\_\_\_ Date

63b. From हांगा सावन: \_\_\_\_\_ To हांगा मेरेन: \_\_\_\_\_ Date

64. Is there anything that you wish to tell me which you think I have not asked you?  Y  N  U

हांवें विचारूंक ना अशें तुमकां दिसता अशें किदेंय आसा?

If Yes, describe हय जाल्यार सविस्तार सांगचें \_\_\_\_\_  
\_\_\_\_\_

**HEALTH SEEKING BEHAVIOR (भलायकी तपासपी आचरण) (☑ Applicable ones)**

65. Did you take medicine of any kind for this illness, before arriving to this hospital?

ह्या हॉस्पिटलांत येवचे पयलीं, ह्या दुयेंसा खातीर तुमी कसलेंय वखद घेतिल्लें?

 Y
  N
  U

If yes, हय जाल्यार,

 65a. Name \_\_\_\_\_ Date of first use \_\_\_\_\_ Duration \_\_\_\_\_  
 नांव पयल्या डोसाची तारीख         कालमान

 65b. Name \_\_\_\_\_ Date of first use \_\_\_\_\_ Duration \_\_\_\_\_  
 नांव पयल्या डोसाची तारीख         कालमान

 65c. Name \_\_\_\_\_ Date of first use \_\_\_\_\_ Duration \_\_\_\_\_  
 नांव पयल्या डोसाची तारीख         कालमान

66. Did you see a health care provider for this illness before arriving to this hospital?

ह्या हॉस्पिटलांत येवचे पयलीं, तुमी ह्या दुयेंसा खातीर दोतोर कडेन गेल्ले?

If Yes, हय जाल्यार,

66a. Name of the practitioner/ facility दोतोर/भलायकी सुविदेचें नांव: \_\_\_\_\_

66b. Type प्रकार:

 Hospital ऑस्पिटाल
  Clinic क्लिनिक
  Home visit घर भेट
  Other हेर \_\_\_\_\_
66c. Date तारीख        

67. What diagnosis did the health care provider give you? \_\_\_\_\_

दोतोरान तुमची कसली रोगपरिक्षा केली?

68. What laboratory tests were performed?

कसल्यो प्रयोगशाळा चांचण्यो केल्यात?

Specify test चांचण्यांचो उल्लेख करचो	Result परिणाम
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**69. SOCIO ECONOMIC STATUS (MODIFIED UDAY PAREEK SCALE)**

☑ Tick 1 in each section

समाजीक आर्थीक स्थिती (उदय-पारीख मेजणेंत फेररचणूक केल्या)

B1.	Type of houses घरांचे प्रकार	Code कोड
	Kutcha कच्चा	02 <input type="checkbox"/>
	Mixed मिश्र	03 <input type="checkbox"/>
	Pucca पक्का	05 <input type="checkbox"/>

B2.	Ownership मालकी	Code कोड
	Own स्वताचे	05 <input type="checkbox"/>
	Rented भाड्याचे	03 <input type="checkbox"/>
	Free स्वतंत्र	00 <input type="checkbox"/>

B3.	Land holding ताब्यांत आशिल्ली जमीन	Code कोड
	< 100 cents (1 acre) सॅट्स एकर	02 <input type="checkbox"/>
	(1-4) acres एकर	05 <input type="checkbox"/>
	(5-9) acres एकर	10 <input type="checkbox"/>
	≥ 10 acres एकर	15 <input type="checkbox"/>

B4.	Vehicles वाहनां	Code कोड
	Bicycle सायकल	02 <input type="checkbox"/>
	Two wheeler दुचाकी	04 <input type="checkbox"/>
	Auto/boat ऑटो/बोट	08 <input type="checkbox"/>
	Four wheelers चारचाकी	10 <input type="checkbox"/>

B5.	Household belongings घरगुती वस्तू	Code कोड
	Radio रेडिओ	02 <input type="checkbox"/>
	Television टॅलिव्हिजन	05 <input type="checkbox"/>
	Telephone दूरध्वनी	08 <input type="checkbox"/>

B6.	Livestock जीवसंपत	Code कोड
	Goat बोकडी	02 <input type="checkbox"/>
	Cow गाय	02 <input type="checkbox"/>
	Buffalo म्हस	04 <input type="checkbox"/>

B7.	Socio-participation सामाजीक-सहभाग	Code कोड
	No participation सहभागान	00 <input type="checkbox"/>
	Member of one organization एके संघटणेचो वांगडी	05 <input type="checkbox"/>
	More than one organization एके संघटणे परस चड	10 <input type="checkbox"/>
	Office holder कचेरीचो मालक	15 <input type="checkbox"/>
	Wide public leader भौशीक फुडारी	20 <input type="checkbox"/>

B8.	Occupation of eldest earning member of the house घरांतल्या ज्येष्ठ वांगड्याचो वेवसाय	Code कोड
	Professional/white collar वेवसायीक/व्हायट कॉलर	15 <input type="checkbox"/>
	Business वेपार	10 <input type="checkbox"/>
	Skilled कुशल	08 <input type="checkbox"/>
	Semiskilled अर्दकुशल	06 <input type="checkbox"/>
	Coolie/unskilled कुली/अकुशल	05 <input type="checkbox"/>
	Unemployed बेरोजगार	00 <input type="checkbox"/>

B9.	Highest literacy status of eldest earning member of the household घरांतल्या ज्येष्ठ वांगड्याची सगळ्यांत उच्च शिक्षण पदवी	Code कोड
	Post Graduation & above उच्च पदवीधर आनी वयर	20 <input type="checkbox"/>
	Graduation पदवीधर	15 <input type="checkbox"/>
	PUC	12 <input type="checkbox"/>
	Middle & high school (5-10) माध्यमीक आनी उच्चमाध्यमीक शाळा (5-10)	10 <input type="checkbox"/>
	Primary (1-4) प्राथमीक (1-4)	05 <input type="checkbox"/>
	Illiterate निरक्षर	00 <input type="checkbox"/>

B10.	Family members working abroad विदेशांत काम करपी कुटुंबांतले वांगडी	Code कोड
	Yes हय	05 <input type="checkbox"/>
	No ना	00 <input type="checkbox"/>

Score गूण	Grade ग्रेड	Code कोड
< 40	Low कमी	01
40-70	Middle मध्य	02
> 70	High उच्च	03

TOTAL SCORE (एकूण गूण) :

SES (ददउ स्थिती) :

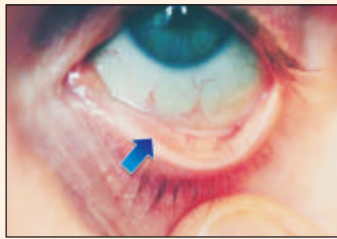
**PHYSICAL EXAMINATION - PART A** (☑ Applicable ones)

70. Weight \_\_\_\_\_ kg      71. Pulse rate \_\_\_\_\_ per min      72. Respiratory rate \_\_\_\_\_ per min

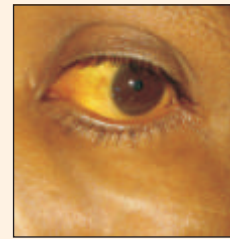
73. Height:  
 a. \_\_\_\_\_ cm      74. Blood Pressure:  
 a. Systolic \_\_\_\_\_ mm Hg      75. Temperature:  
 a. \_\_\_\_\_ °C  
 b. \_\_\_\_\_ inches      b. Diastolic \_\_\_\_\_ mm Hg      b. \_\_\_\_\_ °F

76. Cough  Y  N      77. Coryza  Y  N      78. Sore throat  Y  N

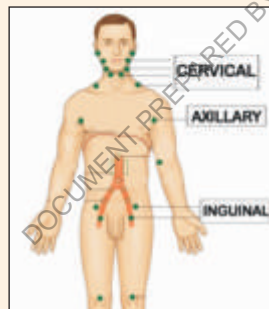
79. Pallor  
 Y  N



80. Icterus  
 Y  N



81. Lymphadenopathy  
 Y  N



82. Edema  
 Y  N

If yes,  
 facial edema  
 pedal edema  
 others \_\_\_\_\_

83. Cyanosis  
 Y  N



84. Conjunctival congestion/  
 Red eye / Sub conjunctival  
 hemorrhage  
 Y  N



Tick whichever applicable

85. Ear discharge  
 Y  N



86. Parotitis  
 Y  N



87. Oral ulcers  
 Y  N



88. Rash

88a. If yes, tick all applicable

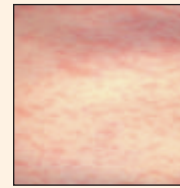
Y  N



Macule



Papule



Maculopapular



Vesicle



Patch



Bullae



Spotted Fever Rash



Erythema



Petechiae



Purpura



Echymosis

Others \_\_\_\_\_

89. Eschar

Y  N



Location : \_\_\_\_\_

Single  Multiple

90. Black Eschar

Y  N



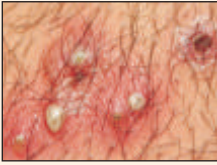
Location : \_\_\_\_\_

Single  Multiple

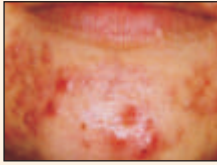
Size : \_\_\_\_\_ cm




91. Skin lesions  Y  N




Pustules



Nodules



Ulcers




Vegetation

Others \_\_\_\_\_

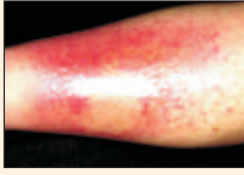
92. Skin abscess / Cellulitis :  Y  N

If yes,

92 a. Skin abscess  Y  N



92 b. Cellulitis  Y  N



Location : \_\_\_\_\_

93. Any other wound  Y  N Specify \_\_\_\_\_

94. Joint swelling  Y  N      94a. If yes, painful  Y  N

94b. Location: \_\_\_\_\_

95. Bleeding  Y  N      If yes, specify \_\_\_\_\_

96. Other observations/comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHYSICAL EXAMINATION - PART B** (  Applicable ones)

97. Breath sounds  Normal  Stridor  Ronchi  Crepitation

98. Cardiac murmurs  Y  N      Type \_\_\_\_\_

If yes, Specify site \_\_\_\_\_

99. Abdominal distension  Y  N      100. Hepatomegaly  Y  N      Size: \_\_\_\_\_ cm

101. Splenomegaly  Y  N      Size: \_\_\_\_\_ cm

102. Altered Sensorium  Y  N If Yes, record Glasgow coma scale score

<b>Glasgow Coma Scale</b> <span style="float: right;"><input checked="" type="checkbox"/> Tick 1 in each section</span>			
	Score*	Scoring scheme	Points
Eye Response		Spontaneous eye opening	4
		Opens to verbal command, speech, or shout	3
		Opens to pain, not applied to face	2
		No eye opening	1
Verbal Response		Alert and oriented	5
		Confused conversation, but able to answer questions	4
		Inappropriate responses, jumbled phrases, but discernible words	3
		Incomprehensible speech	2
		No sounds	1
Motor Response		Obeys commands for movement fully	6
		Localizes to noxious stimuli	5
		Withdraws from noxious stimuli	4
		Abnormal flexion, decorticate posturing	3
		Extensor response, decerebrate posturing	2
		No response	1

\* Score = Total points obtained on evaluation of each response. Example: Score for eye response = 4+3+2+1=10

103. Cranial nerve palsy  Y  N If yes, 103a. Specify the nerve \_\_\_\_\_

104. Sensory deficit  Y  N If yes 104a. Specify \_\_\_\_\_

105. Neck rigidity  Y  N 106. Superficial reflex  Present  Absent

107. Plantar reflexes  
 Right:  Flexor  Extensor  
 Left:  Flexor  Extensor

108. Motor strength (Grades) 108a. Right limb: Upper \_\_\_\_\_ / 5 Lower \_\_\_\_\_ / 5  
 108b. Left limb: Upper \_\_\_\_\_ / 5 Lower \_\_\_\_\_ / 5

109. Abnormal movements  Y  N  Chorea  Athetosis  
 Tremors  Others: \_\_\_\_\_

110. Other observations/comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LABORATORY INVESTIGATIONS** ( Applicable ones)**111. Hematological Investigations** Y  N

111 a. Date

 D  D  M  M  Y  Y  Y  Y

If yes, proceed with 111a; if no, skip to 118

112. Hb \_\_\_\_\_ g/dl

113. Platelets \_\_\_\_\_ lakhs/mm<sup>3</sup>114. TLC \_\_\_\_\_ cells/mm<sup>3</sup>

115. DLC a. N \_\_\_\_% b. L \_\_\_\_% c. M \_\_\_\_% d. E \_\_\_\_% e. B \_\_\_\_%

116. ESR \_\_\_\_\_ mm in 1st hour

117. Others \_\_\_\_\_

**118. Urine Analysis** Y  N

118 a. Date

 D  D  M  M  Y  Y  Y  Y

If yes, proceed with 118a; if no, skip to 129

119. Sugar  Y  N120. Albumin  Present  Trace  Absent121. Ketone bodies  Y  N122. Bile salts  Y  N123. Bile Pigment  Y  N124. **Microscopy**  Y  N

If Yes, fill 125 to 128, If No, skip to 129.

125. Pus Cells 125 a. Min. \_\_\_\_\_ / HPF 125 b. Max. \_\_\_\_\_ / HPF

126. RBC 126 a. Min. \_\_\_\_\_ / HPF 126 b. Max. \_\_\_\_\_ / HPF

127. Epithelial Cells 127 a. Min. \_\_\_\_\_ / HPF 127 b. Max. \_\_\_\_\_ / HPF

128. Cast  Present  Absent (If present Specify) \_\_\_\_\_**129. Stool Microscopy** Y  N

129 a. Date

 D  D  M  M  Y  Y  Y  Y

If yes, proceed with 129a; if no, skip to 130

129 b. Pus cells \_\_\_\_\_ / HPF 129 c. RBCs \_\_\_\_\_ / HPF 129 d. Parasites \_\_\_\_\_

**130. Biochemical Investigations (Blood)** Y  N

130 a. Date

 D  D  M  M  Y  Y  Y  Y

If yes, proceed with 130a; if no, skip to 146

131. Glucose (R) \_\_\_\_\_ mg/dl

132. Urea \_\_\_\_\_ mg/dl

133. Creatinine \_\_\_\_\_ mg/dl

134. Total Protein \_\_\_\_\_ g/dl

135. Albumin \_\_\_\_\_ g/dl

136. Total Bilirubin \_\_\_\_\_ mg/dl

137. Direct Bilirubin \_\_\_\_\_ mg/dl

138. AST (SGOT) \_\_\_\_\_ IU/L

139. ALT (SGPT) \_\_\_\_\_ IU/L

140. Alkaline Phosphatase \_\_\_\_\_ IU/L

141. CPK-MB \_\_\_\_\_ IU/L

142. CRP \_\_\_\_\_ mg/L

143. Sodium (Na+) \_\_\_\_\_ mEq/L

144. Potassium (K+) \_\_\_\_\_ mEq/L

145. Others \_\_\_\_\_

\_\_\_\_\_

146. **CSF Analysis**  Y  N 146a. Date

If yes, proceed with 146a; if no, skip to 151

147. Glucose \_\_\_\_\_ mg/dl

148. Protein \_\_\_\_\_ mg/dl

149. Chloride \_\_\_\_\_ mEq/L

150. CSF Cell Count \_\_\_\_\_ /mm<sup>3</sup>

If more than zero, CSF Cell type 150 a. N \_\_\_\_\_% 150 b. L \_\_\_\_\_% 150 c. E \_\_\_\_\_%

151. **Medical Imaging (X-ray/CT/MRI/USG) reports available:**  Y  N

If yes, proceed with 151a; if no, skip to 152

151 a.  X- ray \_\_\_\_\_

151 b.  CT Scan \_\_\_\_\_

151 c.  MRI Scan \_\_\_\_\_

151 d.  USG \_\_\_\_\_

152. **Provisional clinical diagnosis by treating physician** \_\_\_\_\_

\_\_\_\_\_

153. **Prescribed treatment** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

154. Name of attending physician \_\_\_\_\_

155. Contact No. of attending physician \_\_\_\_\_

156. Name of interviewer \_\_\_\_\_

Signature \_\_\_\_\_

157. Date of start of interview Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

158. Date of completion of data collection in CRF Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

159. Message to data entry personnel from interviewer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### DISCHARGE QUESTIONNAIRE

**Study ID #**

Form No:

--	--	--	--	--	--	--	--

160. Date of discharge

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

161. Health status of the patient at discharge

- Patient discharged after recovery
- Patient discharged against medical advice
- Patient deceased

162. Was the patient referred to any higher centre?

Y	N
---	---

If yes,

162a. Name of referral institution \_\_\_\_\_

163. Duration of stay at hospital \_\_\_\_\_ days

164. **Clinical diagnosis by treating physician on discharge**

---

---

165. Prescribed treatment

---

---

---

---

166. Date of follow up suggested by treating physician

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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**FOLLOW UP STATUS** (☑ Applicable ones)**Study ID #**

Form No:

--	--	--	--	--	--	--	--

167. Attempt 1 Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 167a. Response \_\_\_\_\_168. Attempt 2 Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 168a. Response \_\_\_\_\_169. Attempt 3 Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 169a. Response \_\_\_\_\_170. Patient came for follow up 

Y	N
---	---

 170a. Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

171. Patient deceased 

Y	N
---	---

 171a. Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

172. Patient lost for follow up 

Y	N
---	---

 172a. Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**FOLLOW UP QUESTIONNAIRE** फॉलो अप प्रस्नमाळ (☑ Applicable ones)

173. Compared to when you were admitted to the hospital, how do you feel now?

तुमकां ओस्पितलांत दाखल केल्ले ताचे परस तुमकां आतां कशें दिसता?

 Fully recovered पुणयेन बरो जालो
  Better बरें दिसता
  No change कांयच बदल ना
  Worsened भलायकी आनीक इबाडल्या

I am going through a list of symptoms, please indicate which symptoms you experienced after you got discharged from the hospital

हांव लक्षणांची वळेरी वाचतां, उपकार करून तुमकां ओस्पितलांतल्यान घरा धाडतकूच तुमकां दिसून आयिल्लीं लक्षणां सांगचीं

		Duration (days) कालमान (दीस)	Comments प्रतिक्रिया			
174. Fever जोर	<table border="1"><tr><td>Y</td><td>N</td><td>U</td></tr></table>	Y	N	U	_____	_____
Y	N	U				
175. Chills/rigors शीं खावप/आंगार कांटो येवप	<table border="1"><tr><td>Y</td><td>N</td><td>U</td></tr></table>	Y	N	U	_____	_____
Y	N	U				
176. Night sweats रातचो घाम येवप	<table border="1"><tr><td>Y</td><td>N</td><td>U</td></tr></table>	Y	N	U	_____	_____
Y	N	U				
177. Cough खोकली	<table border="1"><tr><td>Y</td><td>N</td><td>U</td></tr></table>	Y	N	U	_____	_____
Y	N	U				
178. Headache तकली उसळप	<table border="1"><tr><td>Y</td><td>N</td><td>U</td></tr></table>	Y	N	U	_____	_____
Y	N	U				
179. Seizures धरप	<table border="1"><tr><td>Y</td><td>N</td><td>U</td></tr></table>	Y	N	U	_____	_____
Y	N	U				
If Yes, हय जाल्यार,	179a. Type of seizure: धरपाचो प्रकार:	<input type="checkbox"/> Focal केंद्रीय	<input type="checkbox"/> Generalized बहुतांशी			
	179b. How many times? कितले फावटी?	<input type="checkbox"/>	179c. Duration _____ कालमान			

180. Altered sensorium  Y  N  U \_\_\_\_\_

संवेदनते बदल

181. Paralysis  Y  N  U \_\_\_\_\_

आर मारप

182. Incoordinated walking  Y  N  U \_\_\_\_\_

सारके चलपाक जायना

183. General weakness  Y  N  U \_\_\_\_\_

सामान्य अशक्तपण

If Yes, हय जाल्यार,

183a. Prostration (extreme weakness)  Y  N  U \_\_\_\_\_

अशक्तताय (चड अशक्तपण)

184. Pain in joints  Y  N  U \_\_\_\_\_

सांदे दुखी

If Yes, हय जाल्यार,

184a. Location:  Small joints  Large joints  Both

सुवात ल्हान सांदे व्हडले सांदे दोनूय

184b. Nature:  Symmetric  Asymmetric

स्वरूप प्रमाणबद्द अप्रमाणबद्द

185. Unusual bleeding  Y  N  U \_\_\_\_\_

अनैसर्गीक रगत व्हावप

If Yes, हय जाल्यार,

185a. Describe \_\_\_\_\_

वर्णन करचे

186. Did any of your family members/contacts develop similar illness since you were ill?  Y  N  U

तुमी दुयेंत जाले त्या उपरांत तुमच्या कुटुंबांतल्या खंयच्याय वांगड्यांक/संपर्कांतल्या हेंच दुयेंस जालां?

If Yes, हय जाल्यार,

186a. How many people? \_\_\_\_\_

कितल्या लोकांक

186b. Who all? \_\_\_\_\_

कोणांक, सगळ्यांक

187. Any clinical symptom that recurred during this period?  Y  N  U

ह्या कालावधींत दिसून आयिल्ले खंयचेंय वैजकीय लक्षण?

If Yes, हय जाल्यार,

187a. Specify स्पश्ट करचे \_\_\_\_\_

188. Since you became ill how many days you couldn't go for regular work? \_\_\_\_\_

तुमी दुयेंत आशिल्ल्यान कितले दीस मेरेन तुमच्या नियमित कामा खातीर वचूंक शकले नात?

189. Any of the family members stayed with you during that period? If yes, that person couldn't go for work, how many days?

त्या काळांत तुमच्या बरोबर कुटुंबांतलो खंयचोय वांगडी उपस्थित आशिल्लो?

हय जाल्यार, तो मनीस कामार वचूंक पावलो ना, कितले दीस?

190. Any other observations/comments \_\_\_\_\_

हेर कसलीय निरीक्षणां/प्रतिक्रिया

191. Name of the interviewer \_\_\_\_\_ Signature \_\_\_\_\_

मुलाखत घेवप्याचें नांव निशाणी

Study ID #

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Clinical Sample Information

Date	Lab Ref (Barcodes / No.)	Category	Type of Sample & Aliquots	Quality / Remarks
DD MM YY		<input type="checkbox"/> A - Acute <input type="checkbox"/> D - Discharge <input type="checkbox"/> R - Repeat <input type="checkbox"/> FU - Follow up	(1 2 3 4 5) Blood (Plain) <input type="checkbox"/> Saliva <input type="checkbox"/> Saliva (1 2 3 4 5) Blood (Bact/ALERT) <input type="checkbox"/> CSF <input type="checkbox"/> CSF (1 2 3 4 5) Throat Swab <input type="checkbox"/> Urine <input type="checkbox"/> Urine (1 2 3 4 5) Sputum <input type="checkbox"/> Stool/rectal swab <input type="checkbox"/> Stool/rectal swab (1 2 3 4 5) Clot <input type="checkbox"/> Others <input type="checkbox"/> Others	
DD MM YY		<input type="checkbox"/> A - Acute <input type="checkbox"/> D - Discharge <input type="checkbox"/> R - Repeat <input type="checkbox"/> FU - Follow up	(1 2 3 4 5) Blood (Plain) <input type="checkbox"/> Saliva <input type="checkbox"/> Saliva (1 2 3 4 5) Blood (Bact/ALERT) <input type="checkbox"/> CSF <input type="checkbox"/> CSF (1 2 3 4 5) Throat Swab <input type="checkbox"/> Urine <input type="checkbox"/> Urine (1 2 3 4 5) Sputum <input type="checkbox"/> Stool/rectal swab <input type="checkbox"/> Stool/rectal swab (1 2 3 4 5) Clot <input type="checkbox"/> Others <input type="checkbox"/> Others	
DD MM YY		<input type="checkbox"/> A - Acute <input type="checkbox"/> D - Discharge <input type="checkbox"/> R - Repeat <input type="checkbox"/> FU - Follow up	(1 2 3 4 5) Blood (Plain) <input type="checkbox"/> Saliva <input type="checkbox"/> Saliva (1 2 3 4 5) Blood (Bact/ALERT) <input type="checkbox"/> CSF <input type="checkbox"/> CSF (1 2 3 4 5) Throat Swab <input type="checkbox"/> Urine <input type="checkbox"/> Urine (1 2 3 4 5) Sputum <input type="checkbox"/> Stool/rectal swab <input type="checkbox"/> Stool/rectal swab (1 2 3 4 5) Clot <input type="checkbox"/> Others <input type="checkbox"/> Others	
DD MM YY		<input type="checkbox"/> A - Acute <input type="checkbox"/> D - Discharge <input type="checkbox"/> R - Repeat <input type="checkbox"/> FU - Follow up	(1 2 3 4 5) Blood (Plain) <input type="checkbox"/> Saliva <input type="checkbox"/> Saliva (1 2 3 4 5) Blood (Bact/ALERT) <input type="checkbox"/> CSF <input type="checkbox"/> CSF (1 2 3 4 5) Throat Swab <input type="checkbox"/> Urine <input type="checkbox"/> Urine (1 2 3 4 5) Sputum <input type="checkbox"/> Stool/rectal swab <input type="checkbox"/> Stool/rectal swab (1 2 3 4 5) Clot <input type="checkbox"/> Others <input type="checkbox"/> Others	
DD MM YY		<input type="checkbox"/> A - Acute <input type="checkbox"/> D - Discharge <input type="checkbox"/> R - Repeat <input type="checkbox"/> FU - Follow up	(1 2 3 4 5) Blood (Plain) <input type="checkbox"/> Saliva <input type="checkbox"/> Saliva (1 2 3 4 5) Blood (Bact/ALERT) <input type="checkbox"/> CSF <input type="checkbox"/> CSF (1 2 3 4 5) Throat Swab <input type="checkbox"/> Urine <input type="checkbox"/> Urine (1 2 3 4 5) Sputum <input type="checkbox"/> Stool/rectal swab <input type="checkbox"/> Stool/rectal swab (1 2 3 4 5) Clot <input type="checkbox"/> Others <input type="checkbox"/> Others	

LIST OF ASSAYS PERFORMED (ACUTE SAMPLE)					
Assay	Date	Report			Remarks
		POSITIVE	NEGATIVE	EQUIVOCAL	
192. Dengue IgM ELISA (_____)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
193. Dengue IgM ELISA (NIV)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
194. Dengue NS1 ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
195. Dengue IgG ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
196. Dengue PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
197. JEV IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
198. JEV NT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
199. JEV RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
200. WNV IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
201. WNV NT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
202. WNV RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
203. KFD IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
204. KFD RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
205. CHIKV IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
206. CHIKV NT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
207. CHIKV RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
208. CCHF IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
209. CCHF IgG ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
210. CCHF RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
211. Hanta IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
212. Hanta IgG ELISA (_____)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
213. Hanta RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
214. TBE IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
215. VZV RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
216. HSV RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
217. Mumps IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
218. Mumps RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
219. Measles IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
220. Measles RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
221. Rubella IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
222. Rubella RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
223. Enterovirus Pan RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
224. Influenza A (H1N1) <sub>Pdm09</sub> RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
225. Influenza A (H3N2) RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
226. Influenza A (H5N1) RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
227. Influenza B RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LIST OF ASSAYS PERFORMED (ACUTE SAMPLE)					
Assay	Date	Report			Remarks
		POSITIVE	NEGATIVE	EQUIVOCAL	
228. Rhinovirus RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
229. Parainfluenza RT-PCR (_____)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
230. RSV RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
231. Adenovirus RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
232. Coronavirus RT-PCR (_____)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
233. Parechovirus RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
234. Metapneumovirus RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
235. H. Parvovirus B19 RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
236. HHV6 RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
237. HHV7 RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
238. Rotavirus RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
239. Astrovirus RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
240. Noro G1 RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
241. Noro G2 RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
242. Sapovirus RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
243. Leptospira IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
244. Leptospira PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
245. Leptospira MAT titre		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
246. Scrub typhus IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
247. Scrub typhus PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
248. Brucella IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
249. Brucella IgG ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
250. Brucella (Rose Bengal) Card test		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
251. Brucella RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
252. Lyme IgM/IFA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
253. Lyme IgG/IFA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
254. S. pneumoniae RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
255. Neisseria meningitidis RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
256. H. influenzae RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
257. Shigella RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
258. Campylobacter RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
259. B. pseudomallei/mallei RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
260. Coxiella burnetii RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
261. S. Typhi RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
262. Leishmania RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
263. Malaria Card Test		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LIST OF ASSAYS PERFORMED (ACUTE SAMPLE)					
Assay	Date	Report			Remarks
		POSITIVE	NEGATIVE	EQUIVOCAL	
264. Plasmodium RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
265. Rickettsia RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
266. Nipah virus RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
267. Nipah virus IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
268. <i>V. cholerae</i> RT-PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
269. <i>S. typhi</i> culture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
270. <i>Shigella dysenteriae</i> culture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
271. <i>Shigella flexneri</i> culture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
272. <i>E. coli</i> culture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
273. Klebsiella culture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
274. <i>S. aureus</i> culture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
275. <i>S. pneumoniae</i> culture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
276. Pseudomonas culture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
277. Burkholderia culture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
278. <i>B. anthracis</i> culture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
279. <i>V. cholerae</i> culture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
280. <i>S. paratyphi</i> A culture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
281. <i>S. typhimurium</i> culture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
282.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
283.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
284.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
285.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
286.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
287.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
288.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
289.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
290.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
291.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
292.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
293.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
294.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
295.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
296.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
297.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
298.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
299.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LIST OF ASSAYS PERFORMED (ADDITIONAL)					
Assay	Date	Report			Remarks
		POSITIVE	NEGATIVE	EQUIVOCAL	
300.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
301.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
302.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
304.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
305.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
306.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
307.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
308.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
309.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
310.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
311.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
312.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
313.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
314.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
315.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
316.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
317.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
318.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
319.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
320.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
321.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
322.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
323.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
324.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
325.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
326.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
327.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
328.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
329.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
330.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
331.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
332.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
333.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
334.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
335.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DOCUMENT PREPARED BY MANIPAL CENTRE FOR VIRUS RESEARCH

LIST OF ASSAYS PERFORMED (DISCHARGE)					
Assay	Date	Report			Remarks
		POSITIVE	NEGATIVE	EQUIVOCAL	
336. Dengue IgM ELISA (NIV)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
337. Dengue IgM ELISA (Panbio)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
338. Dengue IgG ELISA (PanBio)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
339. Leptospirosis IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
340. Leptospira MAT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
341. Scrub IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
342. Scrub IgG ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
343. Brucella IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
344. Brucella IgG ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
345.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
346.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
347.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
348.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
349.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
350.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
351.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
352.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
353.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
354.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
355.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
356.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
357.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
358.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
359.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
360.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
361.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
362.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
363.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
364.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
365.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
366.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
367.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
368.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
369.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
370.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
371.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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LIST OF ASSAYS PERFORMED (FOLLOW UP)					
Assay	Date	Report			Remarks
		POSITIVE	NEGATIVE	EQUIVOCAL	
372. Dengue IgM ELISA (NIV)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
373. Dengue IgM ELISA (Panbio)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
374. Dengue IgG ELISA (PanBio)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
375. Leptospirosis IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
376. Leptospira MAT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
377. Scrub IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
378. Scrub IgG ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
379. Brucella IgM ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
380. Brucella IgG ELISA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
381.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
382.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
383.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
384.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
385.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
386.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
387.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
388.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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399.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
400.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
401.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
404.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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406.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
407.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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409. Initial lab diagnosis: \_\_\_\_\_ 409a. Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

409b. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

410. Lab diagnosis revision 1: \_\_\_\_\_ 410a. Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

410b. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

411. Lab diagnosis revision 2: \_\_\_\_\_ 411a. Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

411b. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

412. Final lab diagnosis:

412a. \_\_\_\_\_ 412b. Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

412c. \_\_\_\_\_ 412d. Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

412e. \_\_\_\_\_ 412f. Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

413. ICD 10 Code for final diagnosis:

413a. \_\_\_\_\_

413b. \_\_\_\_\_

413c. \_\_\_\_\_

414. Comments, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**415. Any other comments:**

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**415. Any other comments:**

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**415. Any other comments:**

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# Insect Atlas

## Ticks



## Head Lice



## Sandfly



## Mosquitoes



## Body Lice



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