



**ICMR - NATIONAL INSTITUTE OF CHOLERA AND ENTERIC DISEASES**  
**Regional Virus Research and Diagnostic Laboratory (VRDL)**

Contact: 033 2370 5533 / 4478 / 0448; 2353 7469; Ext. 121 / 190 Email: vrdln.niced@gmail.com  
 Website: <http://www.niced.org.in/niced/VRDL-ICMR-NICED.htm>

Site ID: \_\_\_\_\_ / \_\_\_ Lab ID: \_\_\_\_\_ / \_\_\_

**TEST REQUEST FORM**

**Name of patient (in block letters):**

**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Name of guardian:**

**Address (in detail):**

**District:**

**Pincode:**

**Contact no.:**

**Patient type:** Out-patient  / In-patient

**Ward:**

**Bed No.:**

**Patient registration (IPD/OPD) no.:**

**Name of referring clinician:**

**Clinician's contact no:**

**Name of referring hospital:**

**Date of onset of illness:**

**Relevant signs and symptoms:**

**History of past illness:**

**Exposure history:**

**History of travel in last 15 days:**

**Biochemical parameters:**

Haemoglobin		Haematocrit (%)		WBC count	
Neutrophil (%)		Lymphocytes (%)		Monocytes (%)	
Eosinophil (%)		Basophil (%)		Platelet Count	
ESR		CRP		Procalcitonin	
Serum bilirubin (Total)		Unconjugated		Conjugated	
Serum ALT		Serum AST		Serum ALP	
Serum Albumin		Albumin/globulin ratio		Gamma glutamyl transpeptidase (GGT)	
PT		APTT		INR	
Serum Urea		Serum Creatinine			
Others					



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**Serological investigations:**

**Chest X-ray findings:**

**USG findings:**

**CT scan/MRI findings:**

**Immunization history:**

**Whether known to be pregnant: Yes  / No  Gestation period:**

**Co-morbidity (if any):**

**Category which the patient belongs to (for suspected Influenza): B(i)  / B(ii)  / C**

**Provisional diagnosis:**

**Investigations requested:**

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**Type of specimen:**

**Date of specimen collection:**

**Time of specimen collection:**

**Name of person collecting the specimen:**

**Name of person filling the form:**

**Email ID of concerned hospital/clinician:**

**Signature & Seal**

- Specimen receiving counter: ICMR-NICED Virus Laboratory, GB4, 1<sup>st</sup> Floor, ID&BG Hospital, Beliaghata.
- Specimen receiving time: Monday - Saturday (10.30 am to 05.00 pm)
- The patient party will be communicated about the day of generation of report at the time of receiving specimen.
- Requests for investigations (other than Influenza A H1N1) from private hospital/clinician should be forwarded via IDSP/ State Health Department.
- Diagnostic reports of Influenza A H1N1 will be communicated only via email to the concerned hospital/clinician and State Health Department within 2 working days. No printed report will provided to the patient party.
- Refer to the website for detailed information regarding investigations performed at Regional VRDL, ICMR-NICED.