

MRI No :	 Influenza Surveillance NIC/Medical Research Institute & Epidemiology Unit Ministry of Health – Sri Lanka	Epidemiology Unit 231, De Saram Place, Colombo 10. Tel: (+94 11) 2695112, 2681548 Fax: (+94 11) 2696583 E-mail: chepid@sltnet.lk , Web: www.epid.gov.lk
Epid No* :		Medical Research Institute, Colombo 08. Tel : (+94 11)2697280, 2693532, 2693533

* Please include hospital name / year / patient type / serial number (e.g. LRH/10/SARI/001) (hospital codes provided)

1. Patient Type රෝගියාගේ වර්ගය	SARI <input type="checkbox"/> ILI <input type="checkbox"/>	2. Hospital	3. Ward / OPD	BHT
4. Name	5. Age <input type="checkbox"/> <input type="checkbox"/>		6. Male / Female	
7. Address				
8. Date of Onset	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>		9. Date of collection of sample	
10. Specimen Type	Nasal Swab <input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Throat Swab <input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/>	11. Symptoms		
12. Duration of illness	Fever <input type="checkbox"/> Cough <input type="checkbox"/> Sore Throat <input type="checkbox"/> Difficulty in breathing / Shortness of breath <input type="checkbox"/> (සමස්ත අප්‍රවේණික)			
For SARI patients only / SARI රෝගීන් සඳහා පමණි				
(i) Occupation		(ii) Travel outside country within last 2 weeks		Yes / No
(iii) Pregnancy		(iv) History of influenza vaccination		Yes / No
(v) Presence of illness in house hold members		Yes / No		
(vi) Presence of following habits / illness		(vii) Presence of serious complications at present		Yes / No
(viii) Length of hospital stay		(ix) While in ward, if following procedures have been performed		Yes / No
(x) Outcome		(xi) Other Investigations		
(xii) Chest X Ray				

Name :
Designation :
Signature :
Date :

For lab use	
Date of receipt of sample
Condition of sample
Results

Please complete this form for each patient sampled and sent to MRI with the relevant sample with a copy to Epidemiology Unit. Please make sure the Epid No. in the form is written on the label of the relevant sample.
 මෙම පත්‍රිකාව කාමීපල ලබා ගන්නා සෑම රෝගියාගේ සඳහාම සම්පූර්ණ කළ යුතුයි. මෙහි සඳහන් Epid අංකය අදාළ කාමීපල බෝතලයේ සටහන් කළ යුතුයි. මෙම පත්‍රිකාවේ එක් පිටපතක් වසංගත රෝග විද්‍යා අංශයට ද අනෙක අදාළ කාමීපලය සමග වෛද්‍ය පර්යේෂණාගාරයට ද යැවිය යුතුය.

Sentinel Hospitals – with codes

1.	GH Ampara	GHA
2.	TH Karapitiya	THKP
3.	GH Matara	GHM
4.	LRH	LRH
5.	IDH	IDH
6.	NHSL	NHS
7.	TH Kalubowila	CSTH
8.	TH Peradeniya	THP
9.	Sirimawo Bandaranaike Memorial Childrens Hospital	SBM
10.	TH Ratnapura	THR
11.	TH Kurunegala	THKG
12.	SJGH	SJGH
13.	GH Vavunia	GHV
14.	GH Nuwara Eliya	GHN
15.	GH Badulla	GHB
16.	TH Anuradhapura	THA
17.	GH Polonnaruwa	GHP
18.	TH Ragama	NCTH
19.	GH Chilaw	GHC
20.	TH Batticaloa	THB
21.	TH Jaffna	THJ