

INFORMATION SHEET FOR VIRUS ISOLATION

TO: USAFSAM/EKB Attention: Virology Function Building 930 Brooks AFB TX 78235	FROM:
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PATIENT'S NAME	SEX	AGE	EPIDEMIOLOGICAL DATA
			SINGLE CASE
			FAMILY ILLNESS
			COMMUNITY ILLNESS

SIGNS AND SYMPTOMS		IMMUNIZATIONS	DATE
FEVER	GASTROINTESTINAL	POLIO	
CHILLS	DIARRHEA	OTHER	
RASH	ABDOMINAL PAIN		
MACULOPAPULAR	VOMITING		
HEMORRHAGIC	OTHER		

SIGNS AND SYMPTOMS		TREATMENT (Drugs Used)	
RESPIRATORY	MISCELLANEOUS	NONE	
RHINITIS	JAUNDICE	DRUGS (List)	
PULMONARY	MYALGIA		
PHARYNGITIS	PLEURODYNIA		

SIGNS AND SYMPTOMS		TYPE OF SPECIMENS	DATE COLLECTED
PNEUMONIA	CONJUNCTIVITIS	BODY FLUID (Specify)	
OTHER	CHOREORETINITIS	EYE SWAB	
CARDIOVASCULAR	SPLENOMEGALY	GENITAL SWAB	
MYOCARDITIS	HEPATOMEGALY	NASAL PHARYNGEAL	
PERICARDITIS	LYMPHADENOPATHY	RECTAL SWAB (Stool)	
ENDOCARDITIS	LESIONS	SKIN	
OTHER	OTHER		

CENTRAL NERVOUS SYSTEM	STATE OF ILLNESS	SPINAL FLUID	
HEADACHE	SYMPTOMATIC	THROAT WASHING/SWAB	
MENINGITIS	ASYMPTOMATIC	TISSUE	
MICROCEPHALUS	SUBACUTE		
HYDROCEPHALUS	CHRONIC	URINE	
SEIZURES	DISSEMINATED	OTHER (Specify)	
PARALYSIS	LOCALIZED		
OTHER	OTHER		

BRIEF CLINICAL HISTORY (Pertinent data) 	PROVISIONAL DIAGNOSIS
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PRINTED NAME OF REQUESTER	DUTY TITLE	DATE SHIPPED
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