New Zealand
National Measles Laboratory
WHO Accredited

# Measles Reporting form

To be completed only if case report form not completed

| Measles Laboratory Request and Result Form | | | | |
|---|---|---|---|---|
| **Country:** | **Patient number:** | | **Date:** | |
| **Patient name:** | | | | |
| **Date of birth:** | **Age in months:** | | **M** ☐ | **F** ☐ |
| **Name of parent or guardian:** | | | | |
| **Address:** | | | | |
| | | | | |
| | | | | |
| **VACCINATION HISTORY** | | | | |
| **Number of doses of measles vaccine:** | | **Date of last dose:** | | |
| **CLINICAL HISTORY** | | | | |
| **Travel history:** | | | | |
| **Rash:** | **Yes** ☐ | **No** ☐ | **Onset date:** | |
| **Fever:** | **Yes** ☐ | **No** ☐ | **Onset date:** | |
| **Cough:** | **Yes** ☐ | **No** ☐ | | |
| **Runny Nose/Coryza:** | **Yes** ☐ | **No** ☐ | | |
| **Red Eyes/Conjunctivitis** | **Yes** ☐ | **No** ☐ | | |
| **Other Symptoms:** | | | | |
| **Clinical Diagnosis:** | | | | |
| **CONTACT HISTORY** | | | | |
| **Household:** | | | | |
| **School / Daycare:** | | | | |
| **Other:** | | | | |

| SPECIMEN | DATE OF COLLECTION | DATE OF SHIPMENT |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |

| | |
|---|---|
| **Name of person to whom laboratory results should be sent:** | |
| **Address:** | |
| | |
| **Telephone number:** | **Fax number:** |

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| FOR USE BY THE RECEIVING LABORATORY | Reference ID No: |
|---|---|
| Laboratory ONLY | |
| INITIAL TESTING | |
| Name Testing Laboratory: | |

| Tests performed | Results |
|---|---|
| | |
| | |
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| | |

| Sent to Reference Laboratory Date: |
|---|

| REFERENCE LABORATORY |
|---|
| Name of Laboratory: |

| Sample Received | Date Received | Test | Result | Comment | Report Issued |
|---|---|---|---|---|---|
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**SUMMARY**

Confirmed Measles: Yes ☐ No ☐