

**Anti Malaria Campaign**

**Ministry of Healthcare, Nutrition and Indigenous Medicine**

Public Health Complex, 555/5, Elvitigala Mawatha, Colombo 5

Tele: (011) 2368173/4, (011) 7626626 (Hotline)

**Malaria Diagnosis Report**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Requesting physician | : |  | | | | |
| Institution | : |  | | | | |
| Ward | : |  | | | | |
| Identification No. | : |  | | | | |
|  |  |  | | | | |
| Name of the Patient | : |  | | | | |
| Age | : |  | | | | |
| Sex | : | (Select from list) | | | | |
| Address | : |  | | | | |
|  |  |  | | | | |
| AMC Reference No. | : |  | | | | |
| Sample receipt date | : | Click arrow to enter a date. | | | | |
| Test performed date | : | Click arrow to enter a date. | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
| **Results** |  |  | | | | |
|  |  |  | | | | |
| Microscopy | : | (Select from list) |  | Species | : | **-** |
|  |  |  |  | Stages | : |  |
|  |  |  |  | Density | : |  |
|  |  |  |  |  |  |  |
| RDT | : | (Select from list) |  | Species | : | **-** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| PCR | : | (Select from list) |  | (Species) | : | **-** |
|  |  |  |  |  | | |
|  |  |  |  |  | | |
|  |  |  |  |  | | |
| Tests performed by | : | Microscopy | : |  | | |
|  |  | RDT | : |  | | |
|  |  | PCR | : |  | | |
|  |  |  |  |  | | |
| Certified by | : |  | | | | |