***National Rabies Control Program***





***National Centre for Disease Control***

***Ministry Of Health and Family Welfare***

***Government of India***



**Monthly report on Laboratory Diagnosis ofRabies (Human/Animal)**

Name & Address of the Laboratory:

Name of the in charge:

Contact Number: Email ID:

Period of Reporting: Date of Reporting:

1. **Summary of Report on Diagnostic Services**

**Tests Available: Sellers/FAT/dRIT/PCR/ Viruse Isolation/ Rapid test**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Specimen** | **Number Tested** | **Number Positive** | **Remarks** |
| Human | CSF |  |  |  |
| Brain Tissue |  |  |  |
| Saliva |  |  |  |
| Any Other |  |  |  |
| Dog | Brain |  |  |  |
| Cat | Brain |  |  |  |
| Monkey | Brain |  |  |  |
| Other Animals (Please Specify) |  |  |  |  |
|  |  |  |  |  |

1. **Summary of Anti Rabies antibody Titres**

**Tests Available: ELISA (Name of the Kit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) /RFFIT/ any other (Specify)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Specimen** | | **Number Tested** | **Titre** | | **Remarks** |
| **>0.5 IU/ml** | **<0.5 IU/ml** |
| Humans | CSF | |  |  |  |  |
| Blood | After Complete Vaccination |  |  |  |  |
| Partial Vaccination |  |  |  |  |
| No Vaccination |  |  |  |  |
| Animals | Blood (post Vaccination) | |  |  |  |  |

Reporting Officer

**Line List of Positive Patients (Only Human)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.No. | Name | Age | Sex | Contact Number | Village | Sub District/ Taluk/Blck/ mandal | District | State | Biting Animal | Name of Test | Specimen Type | Date Of | |
| Sample Receipt | Result Declaration |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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