

Pertussis Case Investigation Form

1st copy to be sent to laboratory with specimen, 2nd copy to DHO/ AS office and 3rd copy to be kept in the reporting health facility

PART I: For Use by Reporting Facility and DHO/ Agency Surgeon

Name of Reporting Health Facility: _____
Union Council: _____ Tehsil/City: _____
District: _____ Province/Area: _____
Date Patient Visited Hospital: ____/____/____
PAK/Province Code/District ID/Year/Pert/Case Serial # # # #
Patient's Name: _____ Sex: _____ Male/ Female
Father's Name: _____
Date of Birth: ____/____/____ Age: _____ Months
Address of Patient: Village/Street/Mahalla _____
Union Council: _____ Tehsil/Taluka/City _____
District: _____ Province/Area: _____
Clinical evidence: ☐ Sore Throat ☐ Low Grade Fever ☐ Adherent Membrane
Date of onset: ____/____/____
Number of Pentavalent vaccine doses received (circle): Nil/ One/ Two/Three
Date of last dose of pentavalent vaccination: ____/____/____
Type of specimen (circle): Nasal swab Throat swab
Date of Specimen Collection: ____/____/____ ____/____/____
Date of Specimen S e n t to Lab: ____/____/____ ____/____/____
Lab Result to be Sent to: (EDO-H, DSC/SO-WHO, Provincial and Federal officials) and
Name: _____ Telephone/FAX: _____ Email: _____
Address: _____
Name of person completing the form: _____
Designation: _____ Signature: _____ D a t e : ____/____/____

PART II: For Use by Receiving Laboratory

Type of specimen (circle):	Nasal swab	Throat swab
Date specimens received at lab:	____/____/____	____/____/____
Lab Number:	_____	_____
Condition of specimen:		
Quantity Adequate:	Yes No	Yes No
Cold Chain OK	Yes No	Yes No
Specimen Received by:		
Name:	_____	_____
Designation:	_____	_____
Date of Lab Test done:	____/____/____	____/____/____
Type of test done:	_____	_____
Test result:	_____	_____
Comment:	_____	
Report sent by: Nam:	_____	Signature: _____
Designation:	_____	Date: _____