

Format for reporting monthly test results by district labs under IDSP

| Lab name and address | | Period of reporting | | | |
|----------------------|---|-------------------------------------|----------------------|--------------|----------|
| SI No. | Name of disease | Method | Samples tested (no.) | Test Results | |
| | | | | Positive | Negative |
| 1 | Cholera | Culture | | | |
| | | Any Other Test (Specify) | | | |
| 2 | Acute diarrheal disease (Specify the pathogen): | Culture | | | |
| | 1) | | | | |
| | 2) | | | | |
| | 3) | | | | |
| 3 | Typhoid Fever | Widal (Slide/Tube) | | | |
| | | Culture | | | |
| | | Any Other Test (Specify) | | | |
| 4 | Meningococcal Meningitis | Rapid Antigen detection test in CSF | | | |
| | | Culture | | | |
| | | Any Other Test (Specify) | | | |
| 5 | Diphtheria | Microscopy | | | |
| | | Culture | | | |
| | | Any Other Test (Specify) | | | |
| 6 | Other infectious diseases like UTI etc | Culture | | | |
| 7 | Antimicrobial susceptibility testing of bacterial pathogens | Kirby-Bauer/MIC | | NA | NA |
| 8 | JE | IgM ELISA | | | |
| | | Any Other Test (Specify) | | | |
| 9 | Measles | IgM ELISA | | | |
| | | Any Other Test (Specify) | | | |
| 10 | Dengue | Rapid NS1 | | | |
| | | NS1 by ELISA | | | |
| | | IgM ELISA | | | |
| | | Rapid IgM/IgG Test | | | |
| | | Any Other | | | |
| 11 | Chikungunya | IgM ELISA | | | |
| | | Any Other Test (Specify) | | | |
| 12 | Leptospirosis | Rapid Test | | | |
| | | IgM ELISA | | | |
| | | MAT | | | |
| | | Culture | | | |
| | | Any Other Test (Specify) | | | |
| 13 | Hepatitis A | IgM ELISA | | | |
| | | Any Other Test (Specify) | | | |
| 14 | Hepatitis E | IgM ELISA | | | |
| | | Any Other Test (Specify) | | | |

| | | | | | |
|---|--|-----------------------|------------------------|---------|--|
| 15 | Malaria | Microscopy | | | |
| | | Rapid Antigen Test | | | |
| 16 | Bacteriological tests for Water | H ₂ S test | | | |
| | | MPN Test | | | |
| 17 | Outbreaks confirmed by the laboratory (details of each outbreak): | Specimens collected | Number of specimens | Results | |
| | | 1 | | | |
| | | 2 | | | |
| | | 3 | | | |
| | | 4 | | | |
| 18 | Any other laboratory initiatives/achievements | | | | |
| Signature of Laboratory Incharge: _____ | | | | | |
| Name & designation: _____ | | | | | |
| Phone / Fax / Email: _____ | | | | | |