

Sending laboratory: NHS / hospital no.: _____		Date of diagnosis: _____ / _____ / _____ Date of sample: _____ / _____ / _____	
Type of Specimen: <input type="checkbox"/> Blood films <input type="checkbox"/> EDTA blood <input type="checkbox"/> Other: _____		Name & address for report: Contact telephone number for results: _____	
Blood film result: <input type="checkbox"/> <i>P. falciparum</i> <input type="checkbox"/> <i>P. malariae</i> <input type="checkbox"/> <i>P. ovale</i> <input type="checkbox"/> <i>P. vivax</i> <input type="checkbox"/> <i>P. knowlesi</i> <input type="checkbox"/> Species unknown <input type="checkbox"/> Malaria parasites NOT found Comment: _____		Antigen test result: <input type="checkbox"/> <i>P. falciparum</i> antigen detected (only) <input type="checkbox"/> Pan antigen detected (only) <input type="checkbox"/> <i>P. falciparum</i> AND Pan antigen detected Brand: _____ Other method of diagnosis: <input type="checkbox"/> Please specify _____ Result: _____	
		Any other information relevant to this case eg: <ul style="list-style-type: none"> exclusion of high consequence infectious disease (HCID) risk immunosuppressed patient cryptic malaria Please specify: _____	

Previous malaria? Dates of last malaria episode: _____ Date & details of last malaria treatment: _____	Is patient pregnant Y / N _____/40 Was the patient admitted to ITU/HDU Y / N Duration of stay in hospital _____ days	Was patient treated as: <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient Outcome of illness: <input type="checkbox"/> Recovery <input type="checkbox"/> Death <input type="checkbox"/> Unknown
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MALARIA IS A NOTIFIABLE DISEASE. PLEASE FILL IN A STATUTORY NOTIFICATION FORM AND FORWARD TO THE CIDSC

Please return this form / samples to:

UKHSA Malaria Reference Laboratory
 Faculty of Infectious & Tropical Diseases
 London School of Hygiene & Tropical Medicine
 Keppel Street, LONDON WC1E 7HT

DX: HPA Malaria Ref Lab, DX6641200
 Tottenham Crt RD92 WC

Tel. no.: 020 7927 2427 / 2318

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