INSTITUT PASTEUR

NATIONAL REFERENCE CENTRE FOR LEPTOSPIROSIS

EPIDEMIOLOGICAL DATA SHEET TO ACCOMPANY ANY REQUEST FOR ANALYSIS

Form to be returned to CNR de la Leptospirose, Institut Pasteur, 28 rue du Docteur Roux, 75724 Paris cedex 15, France
Tel : 01 45 68 83 37 Fax : 01 40 61 30 01 - cnrspiro@pasteur.fr

Stamp of Laboratory or Hospital Department

Patient

Name : .....
Birth Name : .....
First name: .....
Gender: .....
Date of birth : .....
Place of residence: .....
Profession : .....

. Frame type: ☐ Blood ☐ Serum ☐ Urine ☐ LCR ☐ Culture

. Analysis requested: ☐ Serology ☐ PCR ☐ Culture ☐ Identification

. Symptomatology:

Date of onset of illness: .....

Date and time of sampling: .....

☐ Febrile syndrome
☐ Meningel syndrome
☐ Algesic syndrome
☐ Injection conjunctival
☐ Vomiting
☐ Diarrhoea
☐ Eye damage
☐ Injury or abrasion in the month preceding the illness

☐ Kidney damage
☐ Jaundice
☐ Liver damage
☐ Lung disease
☐ Platelet count: .....
☐ CRP : .....
☐ Others to be specified : .....

. Contact with animals: ☐ Yes ☐ No

If yes,

☐ Rodents ☐ Rats ☐ Dogs
☐ Cattle ☐ Horses ☐ Pigs
☐ Others:.....

. Contact with fresh water: ☐ Yes ☐ No **. Contact with wet soil:** Other ☐ Yes ☐ No

Nature : ☐ River ☐ Lake or pond ☐ Others:..... If yes, place and date:.....

. High-risk activities:

☐ Bath ☐ Accidental fall ☐ Canoeing, kayaking, rafting, canyoning ☐ Trail

☐ Fishing ☐ Hunting ☐ Gardening

.Travel to an endemic country in the previous month: ☐ Yes ☐ No

If yes, Location: ..... **Date:** .....

. Antibiotic treatment: ☐ Yes ☐ No

Nature and date: .....

CNR10-GB

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