

Format for quarterly reporting of outbreak related tests conducted by referral labs under IDSP

Lab name and address							Period of Reporting		
S.no	Outbreaks investigated		Name of specimen collected	Number of Specimens tested	Date of receiving specimen	Name of transport media used	Name of the test performed	Date of reporting to DSO/SSO	Test Results (include name of isolate, serotype etc)
	Name of suspected disease	District/Block/village							
Any other laboratory initiatives/achievements									
Signature of HOD Microbiology:									
Name & designation:									
Phone / Fax / Email:									