



Pathkind Labs

Affix Barcode

SWINE FLU CLINICAL INFORMATION FORM

Name of the Patient : Age/Sex:

Name of the Collection Center/Lab:

Ref Doctor Name : Ref Doctor Mobile No.....

Date of Sampling:

Clinical History

Symptoms like fever, cough, abdominal pain, loose motion, running nose, vomiting any other

.....

History of travel in affected country/state with in last 10 days: Yes No

History of contact with H1N1 confirmed case with in last 10 days: Yes No

History of any other disease:

Dated Signature of Patient: **Dated Signature of Doctor:**

Note: Please attached Copy of Doctor Prescription.

