



## National Centre for Disease Control Ministry of Health and Family Welfare

Government of India

**Laboratory Confirmed Human Rabies Case\*** 

State:

Date:

Name of Nodal Person: Designation of Nodal Person: Contact Number: Email ID: Institute Name:

S.No.	Name			Age	Sex	Contact Number	State	District	Sub District/ Taluk/Blck/	Village	Biting Animal (Dog and	Specimen Type (antemortem/	Specimen Detail (Serum/CSF/ Nuchal skin/ Skin	Date of Sample Collection	Name of Test performed . RFFIT (CSF,Serum) . Real-time PCR (CSF,Saliva, Nuchal skin) . Rabies	Result	Date of Result Declaration	Remarks
	First Name	Middle Name	Last Name						mandal		Other)	Postmortem)	Gillia Gillin	Composition	Immunohistochemistry . Other(insert)			