

WHO STAFF MARKVART COPY OF ORIGINAL REPORT FORM ON
INFORMATION ON PATIENT FOR SMALLPOX LABORATORY TESTS

Personal Data	Country <u>SOMALIA</u>		Patient No. <u>723</u>			
	Name <u>ALI HAO MARLEN</u>		Age <u>23</u>	Sex <u>Male</u>		
	Full address <u>MEKA HOSPITAL, C. SHERALI</u>					
Present Illness	Date of onset of fever <u>22/10</u>	Status of patient: Recovering <input checked="" type="checkbox"/>	Hospitalized: No <input type="checkbox"/> Yes <input type="checkbox"/>			
	Date of onset of rash <u>28/10</u>	Uncertain <input type="checkbox"/>	Name and location of hospital			
	Dead <input type="checkbox"/>		Date			
Type of rash-Confluent <input type="checkbox"/> Discrete <input checked="" type="checkbox"/>		Distribution of rash typical for smallpox Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain <input type="checkbox"/>				
History	Year of earliest vaccination <u>Never</u>		Vaccination scar:			
	Date of most recent vaccination		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
	Has patient ever had: Smallpox: No <input type="checkbox"/> Yes <input type="checkbox"/> Year		Chickenpox: No <input type="checkbox"/> Yes <input type="checkbox"/> Year			
Contact History	Was patient recently exposed to:					
	A case of smallpox: Yes <input checked="" type="checkbox"/> <u>9</u> days ago. No <input type="checkbox"/>		A case of chickenpox: Yes <input type="checkbox"/> days ago. No <input type="checkbox"/>			
Clinical/ Epidemiological diagnosis	Smallpox <input type="checkbox"/>	Suspected smallpox <input checked="" type="checkbox"/>	Vaccinia <input type="checkbox"/>	Chickenpox <input type="checkbox"/>	Other (specify)	
	Date of collection <u>31/10/77</u>					
Type of Specimen	Smear from maculo-papular lesions <input type="checkbox"/>		Vesicular fluid or pus <input checked="" type="checkbox"/>	Crusts <input type="checkbox"/>	Serum <input type="checkbox"/>	Other (specify)
	Specimen submitted by: <u>DR R. MARKVART</u>					
Name						
Address <u>Ch. WAAH, P.O.B. 374, Uwoq edisio</u>						
Testing results to be notified to: <u>DR R. MARKVART</u> <u>ZEROPOX MOGAONSO</u>						
Name						
Address <u>Ch. WAAH, P.O.B. 374, Uwoq edisio</u> Telegraphic address Telephone						
To be completed by testing laboratory						
Date specimen received at laboratory:						
Date results notified:						
Diagnostic Tests	Electron microscopy:					
	Variola or vaccinia viruses seen:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>	
	Varicella or herpes simplex virus seen:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>	
	Precipitation in gel. Positive with anti-vaccinia serum:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>	
	Virus isolation. Variola virus isolated:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>	
Other tests (specify)						
Comments. <u>Box 290, Notebook 300</u>						

Testing Laboratory:
Name

Address