



Centre code:

## **Clinical Investigation Proforma**

# **Sero-epidemiology of toxoplasmosis in women of child bearing age in India**

**Phase of study: - Epidemiological study**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant ID -----

If attending any hospital: Reg. No. -----OPD-----Medical Reason-----

Name \_\_\_\_\_ Age (Yrs) \_\_\_\_\_

Father/Husband's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Contact No (s) \_\_\_\_\_

Marital status : Single  Married

**Education**

Illiterate  Matric  Graduate  Post Graduate  Doctorate/ Professional course

Occupation: - Yes  No

If Yes kindly mention: \_\_\_\_\_

**Socio-Economic Level**

Low  Medium  High

**Eating Habits:**

Vegetarian  Non-Vegetarian

**If Non-Vegetarian:**

Beef  Mutton  Pork  Poultry  Fish

Frequency of consumption of meat: \_\_\_\_\_

**Accommodation:**

Pucca  Kachcha  Mud hut  Tent

**Pets:** No  Yes

Type of animal	Exposure Date	Exposure Location	City / State
<input type="checkbox"/> Bird			
<input type="checkbox"/> Cat			
<input type="checkbox"/> Dog			
Other pet Specify _____			

**Exposure Details:**

Farming  Gardening with bare hand/foot  Eating raw salads  Raw meat

Regarding Raw salad, please specify:

Carrot  Radish  Beet Root  Cauliflower  Celery  Cabbage  Cucumber

**Drinking Water Sources:**

Tap Water  Hand pump  Tube well/well  Spring water  Filtered  River Water

**Drinking Milk**

Boiled  Pasteurized

**Obstetric history:**

If Married: Non-Pregnant  Pregnant  LMP: \_\_\_\_\_

**HIV status:** Positive  Negative  Duration \_\_\_\_\_

**Corticosteroids:** Yes  NO

**History of Allergy/Allergens:** Yes  NO  Type \_\_\_\_\_

**Trimester of Pregenancy**

First  Second  Third

<u>Gravida status</u>	<u>Alive (Healthy/Sick)</u> <u>Please write details</u>	<u>Male/ Female/Aborted</u>	<u>If aborted</u> <u>SB/ SA/MTP</u>
<u>G1</u>			
<u>G2</u>			
<u>G3</u>			
<u>G4</u>			
<u>G5</u>			
<u>G6</u>			

**Laboratory Details**

- Sample collected on (dd/mm/yy) : ...../...../.....
- Sample sent to Department of Clinical Microbiology, AIIMS Delhi on (dd/mm/yy):...../...../.....

***Investigators Signature with date***

**FOR AIIMS USE ONLY**

- Sample Received at DEPARTMENT OF Clinical Microbiology, AIIMS Delhi on (dd/mm/yy) :

...../...../.....

- Test Performed at Department of Clinical Microbiology AIIMS on (dd/mm/yy) :

...../...../.....

**Test Results:**

Test	Cut-off value ( give lot no. of the kit)	Test value	Interpretation	Signatures of technician
IgG				
IgM				
IgG- avidity				

***Authentication with date***

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