--- FOR INTERNAL REPORT ---Patient Initials: DOB: gender: Address [only needed when GGD has to be approached]: Hospital <+ contact telephone number>: MML primary detection virus <+ contact telephone number>: MML antiviral susceptibility testing <+ contact telephone number>: GGD <+ contact telephone number>: Remarks: TO DO: --- FOR EXTERNAL REPORT ---Patient: <gender>, <age>: Health status at infection: <describe> Status immune system prior to or during infection: <describe> Immunosuppresive/cytostatic chemotherapy medication (including medication with immunosuppressive side effects) prior to or during infection: <describe> Current health status: <describe with date> Date of disease onset: <date> Course of disease: <describe with dates>

Treatment:

oseltamivir, <dose>, started <date>, stopped <date>; restarted ? <date>; zanamivir, <dose>, started <date>, stopped <date>; restarted ? <date>

Respiratory specimens:

<by date specimen taken, laboratory number, and results + Ct values of PCR, mutations, IC50 (with method; NAStar or MUNANA>

Travel abroad/source of infection: <in two weeks before onset of disease>

Transmission: <possible cases of influenza-like illness in the family or hospital contacts; diagnostic results if available; if still ill send diagnostic specimens to RIVM for analysis>

Please send completed form to:

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Head Section Respiratory Viruses

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