

REGIONAL MEDICAL RESEARCH CENTRE
(Indian Council of Medical Research)
Chandrasekharapur
BHUBANESWAR-751023, ORISSA, INIDIA.

Date: _____

Epidemiology Division

Sample: No ____//code ____

Name: _____ Age _____ W/o _____

Address: _____

Lab - REPORT

The blood samples will be subjected to:

Sl No.	Sample	¹ Parasite Density	ICT	Slide Thick /Thin	² Pf specific IgG*	³ PCR - marker	Alleles to be looked	
		No.	+/-	+/-	Hrp-2	³ MSP1/2	FC27	K1
1	Peripheral							
2	Cord Blood							
3	Placental Blood							

Other Parameters of the Mother to be checked

1. Anaemia Status- Hb%:
2. Malaria Status –
 - (3.a). Slide-Thick - Thin _____
 - (3.b). Para check – _____
 - (3.c). PCR Screening _____
3. Record Birth out comes: Normal / LBW / IUGR / Still birth / Abortions etc.
4. Birth Weight _____ Days after birth; Immdiate/1/2/3/4/7days/ more _____