Appendix 3. Laboratory data collection form

Barcode

Sample Identification Number:_____

Sl. No	Test Name	Results	Units
1	**CBC**		
	A. TLC		10^3/µl
	B. Neutrophil		%
	C. Lymphocyte		%
	D. Monocyte		%
	E. Esinophil		%
	F. Basophil		%
	G. Platelets		10^3/µl
	H. Haemoglobin		g/dL
3	**Liver Function Test (LFT)**		
	A. SGOT		IU/L
	B. ALT		IU/L
	C. ALP		IU/L
	D. Total Bilirubin		mg/dL
	E. Direct Bilirubin		mg/dL
	F. Serum Albumin		g/L
4	**Kidney Function Test (KFT)**		
	A. Urea		mg/dL
	B. Creatinine		mg/dL
5	**Widal Test (if tested)**		
	A. S.typhi O		Titre
	B. S. typhi H		Titre
	C. Paratyphi A		Titre
	D. Paratyphi B		Titre
6	**C-Reactive Protein (CRP)**		Reactive/Non-reactive
7	**Urine Analysis**		
	A. WBC		No. of cells/HPF
	B. RBC		No. of cells/HPF
	C. Albumin		Nil/T/+/++/+++
	D. Sugar		Nil/T/+/++/+++