### 附件5

广东省医疗机构登革热疑似病例采样送检登记表

市 医疗机构

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| 样品编号 | 周次 | 姓 名 | 性别 | 年龄 | 职业 | 联系电话 | 现住址 |  | 是否出现以下症状 | | | | 医院检测结果  （未开展需注明未检） | | | | 发病日期 | 采样日期 | \*发病前14天外出史 | 备注 |
| 发热 | 剧烈头痛 | 骨/关节/肌肉痛 | 眼眶痛 | 皮 疹/  出血点 | \*白细胞 | \*血小板 | NS1检测 | 其他 |
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白细胞/血小板结果填写正常、升高或减少；\*发病前14天外出史为发病前14天是否离开过本市，1是2否。

填表人 送检日期