

NAME OF THE HOSPITAL: \_\_\_\_\_

3). Cryptococcal Meningitis: M5 R1.3

1. Name of the Procedure: Cryptococcal Meningitis
2. Indication: Cryptococcal Meningitis
3. Does the patient presented with Headache, altered sensorium and neck stiffness :  
Yes/No
4. If the answer to question 3 is Yes, then is the CSF India ink staining positive for  
cryptococci / CSF cryptococcal antigen positive : Yes/No (Upload test report)
5. If the answer to question 4 is Yes is the HIV Elisa positive: Yes/No (Upload report)-  
Optional

For Eligibility for Cryptococcal Meningitis the answer to question 4 should be yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

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