

NAME OF THE HOSPITAL: _____

8). Neuroinfections - Fungal Meningitis - Min 20 Days - ICU, 40 Days - Ward Stay: M9T3.5

1. Name of the Procedure: Neuroinfections - Fungal Meningitis - Min 20 Days - ICU, 40 Days
2. Indication: Neuroinfections - Fungal Meningitis
3. Does the patient presented with headache/ stiffneck/ low-grade fever/ lethargy/ cranial nerve palsy/ altered sensorium: Yes/No
4. If the answer to question 3 is Yes then is there evidence of Meningitis on CT Brain/ MRI Brain with or without contrast: Yes/ No (Upload reports)
5. If the answer to question 4 is Yes is there evidence of
 - a. Mononuclear lymphocytes, pleocytosis, increased protiens, decreased glucose on CSF analysis: Yes/ No (Upload CSF report)
 - b. CSF ADA level within normal range: Yes/ No (Upload report)

(Antigen test for Cryptococcus/ India ink test for Cryptococcus/ Histoplasma polysaccharide antigen test – Optional)

For Eligibility for Neuroinfections - Fungal Meningitis - Min 20 Days - ICU, 40 Days the answer to question 5a AND 5b must be YES

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

Treating Doctor Signature with Stamp
