MITS in CHAIN

Initial Transporting, Processing, and Storing of Samples CRF

Sample Transport	
CHAIN ID (Write CHAIN ID #. Affix barcode if available)	[3][0] [0][0][1] [ ][ ][ ]
MITS Specimen Kit ID # (Write Specimen Kit ID # upon receipt in CHAIN lab)	MC- 0 __ __
Date samples arrived in CHAIN lab	__ / __ / ____ DD / MM / YYYY **Time received in CHAIN lab** ____ : ____ 24 hour
Temperature of thermometer in cool box	____ . ___ degrees Celcius

Blood	
Serum Red Top 02-T1	☐ Acceptable ☐ Missing ☐ Other:_____
Plasma EDTA 02-T2	☐ Acceptable ☐ Missing ☐ Other:_____
The serum sample (red top tube) should be spun after blood has clotted (~30 min after collection).	
Centrifuge both the serum (red top) and plasma (EDTA) samples in a refrigerated centrifuge at 2000-2500 RPM at 6 degrees Celsius for 10 min.	
FOR PATIENTS FROM OUTSIDE OF CHAIN ONLY:	
The following tests should be done for participants not enrolled in CHAIN:	
HIV testing: *A DBS card should be sent for HIV DNA PCR testing at QECH.*	
Malaria testing: *Tests should be done using the EDTA tube and results recorded below:*	
DBS Card	☐ Acceptable ☐ Missing ☐ Other:_____
Malaria Bioline RDT	☐ negative ☐ positive ☐ not done, explain:_____
Malaria microscopy	☐ NPS ☐ '+1 ☐ +2 ☐ +3 ☐ +4 ☐ not done, explain:_____

Serum (Red Top) aliquots			
		Volume	*Please tick one*
Serum 1 (02-T11)	☐ Yes ☐ No	☐ 500 μl ☐ Other amount_____μL	
Serum 2 (02-T12)	☐ Yes ☐ No	☐ 500 μl ☐ Other amount_____μL	
Serum 3 (02-T13)	☐ Yes ☐ No	☐ 500 μl ☐ Other amount_____μL	
Serum 4 (02-T14)	☐ Yes ☐ No	☐ 500 μl ☐ Other amount_____μL	
Serum 5 (02-T15)	☐ Yes ☐ No	☐ 500 μl ☐ Other amount_____μL	

Freezer Position: 02-T11 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Freezer Position: 02-T12 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Freezer Position: 02-T13 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Freezer Position: 02-T14 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Freezer Position: 02-T15 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Date stored	__ / __ / _____ DD / MM / YYYY		**Time stored (02-T11-15)**		____ : _____ 24 hour	

Plasma (EDTA) aliquots						
Plasma 1 (02-T21)	☐ Yes ☐ No		***Volume*** ☐ 500 μl	*Please tick one* ☐ Other amount_____μL		
Plasma 2 (02-T22)	☐ Yes ☐ No		***Volume*** ☐ 500 μl	*Please tick one* ☐ Other amount_____μL		
Plasma 3 (02-T23)	☐ Yes ☐ No		***Volume*** ☐ 500 μl	*Please tick one* ☐ Other amount_____μL		
Plasma 4 (02-T24)	☐ Yes ☐ No		***Volume*** ☐ 500 μl	*Please tick one* ☐ Other amount_____μL		
Plasma 5 (02-T25)	☐ Yes ☐ No		***Volume*** ☐ 500 μl	*Please tick one* ☐ Other amount_____μL		
Freezer Position: 02-T21 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Freezer Position: 02-T22 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Freezer Position: 02-T23 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Freezer Position: 02-T24 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Freezer Position: 02-T25 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Date stored	__ / __ / _____ DD / MM / YYYY		**Time stored (02-T21-25)**		____ : _____ 24 hour	

Urine			
Specimen Cup 12-U1	☐ Acceptable	☐ Missing	☐ Other:_____
Urinalysis Result on Container	☐ Positive	☐ Negative	☐ Uncertain/Not documented

Urine aliquots					
Urine 1 (12-V11)	☐ Yes ☐ No	*Volume* ☐ 1.5 ml	*Please tick one* ☐ Other amount_____mL		
Urine 2 (12-V12)	☐ ☐ Yes ☐ No	*Volume* ☐ 1.5 ml	*Please tick one* ☐ Other amount_____mL		

Freezer Position: 12-V11 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

Freezer Position: 12-V12 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

Date stored	__ / __ / _____ DD / MM / YYYY	**Time stored (12-V11-12)**	____ : _____ 24 hour

*If urinalysis result positive or uncertain, place specimen cup 12-U1 in an transport box **without ice** until it can be transported to MLW. Otherwise dispose of specimen cup 12-U1 with remaining urine after aliquoting.*

D2 Brushing Sample in BHI/cysteine/glycerol broth		
D2 Brushing 06-H1	☐ Acceptable ☐ Missing	☐ Other:_____

Vortex sample for 15 seconds.

Freezer Position: 06-H1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

Date stored	__ / __ / _____ DD / MM / YYYY	**Time stored (06-H1)**	____ : _____ 24 hour

Ascites and Pleural Fluid		
Ascites 10 mL Cryovial	☐ Acceptable ☐ Missing	☐ Other:_____
Pleural Fluid 10 mL Cryovial	☐ Acceptable ☐ Missing	☐ Other:_____

As the 1.8 or 2 mL cryovials are filled, apply the pre-printed labels 21-X1-2 and 22-X1-2 which correspond to the specimen number label on the 10 mL cryovials (i.e. if the 10 mL cryovial has 21-X on it, then the pre-printed labels 21-X1-2 should be used). Fill the blanks below with the corresponding label IDs.

Ascites Aliquots					
Ascites 1 _____	☐ Yes ☐ No	*Volume* ☐ 1.5 ml	*Please tick one* ☐ Other amount_____mL		
Ascites 2 _____	☐ Yes ☐ No	*Volume* ☐ 1.5 ml	*Please tick one* ☐ Other amount_____mL		

Freezer Position (Ascites 1): _____ ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

Freezer Position (Ascites 2): _____ ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

Date stored	__ / __ / _____ DD / MM / YYYY	**Time stored**	____ : _____ 24 hour

Pleural Fluid Aliquots						
Pleural Fluid 1 _____	☐ Yes ☐ No	***Volume*** *Please tick one* ☐ 1.5 ml ☐ Other amount_____ mL				
Pleural Fluid 2 _____	☐ Yes ☐ No	***Volume*** *Please tick one* ☐ 1.5 ml ☐ Other amount_____ mL				
Freezer Position (Pleural Fluid 1): _____ ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Freezer Position (Pleural Fluid 2): _____ ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Date stored	__ / __ / _____ DD / MM / YYYY	**Time stored**	____ : ____ 24 hour			
Discard the remainder of the ascetic and pleural fluid and the vials they were received in.						
Remaining cool box samples						
Nasopharyngeal: 04-T1 ☐ N/A *Swab*	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Gastric fluid: 02-A1 ☐ N/A *10 mL cryovial*	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Gastric fluid: 02-A2 ☐ N/A *10 mL cryovial*	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Store the 3 EM jars in the CHAIN lab refrigerator until the samples can be transported to Toronto. *Write the date that the EM fixative was made on the jars.*						
Samples arriving in liquid nitrogen						
Core Samples						
CSF: 01-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
CSF: 01-V2 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Stool: 03-A0 ☐ N/A *10 mL cryovial*	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Stool: 03-A1 ☐ N/A *10 mL cryovial*	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Stool: 03-A2 ☐ N/A *10 mL cryovial*	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Liver: 05-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

Liver: 05-V2 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Right Thorax: 07-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Left Thorax: 08-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Right and Left Thorax: 09-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Right and Left Thorax: 09-V2 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Brain: 10-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Brain: 10-V2 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Bone marrow: 11-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Lymph node: _____ ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Lymph node: _____ ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

Fill in the above blanks with the corresponding label IDs affixed to the lymph node specimen cryovials.

Gastrointestinal Samples						
Oral mucosa: 01-A1 ☐ N/A *10 mL cryovial*	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Dudoenal fluid: 03-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Duodenal fluid: 03-V2 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Duodenal fluid: 03-V3 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Duodenal fluid: 03-H1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

Duodenal fluid: 03-H2 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

Duodenal fluid: 03-H3 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

D3/D4/jejunum: 04-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

D3/D4/jejunum: 04-R1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

D2: 05-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

D2: 05-R1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

Duodenal brush (D2): 06-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

D1: 07-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

D1: 07-R1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

Stomach: 08-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

Rectum: 09-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

Rectum: 09-V2 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

Rectum: 09-R1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

TI/Colon: 10-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

TI/Colon: 10-R1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

Contamination: 11-H1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

Grossly abnormal tissue: 21-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Grossly abnormal tissue: 21-R1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Grossly abnormal tissue: 22-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Grossly abnormal tissue: 22-R1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Grossly abnormal tissue: 23-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Grossly abnormal tissue: 23-R1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Grossly abnormal tissue: 24-V1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Grossly abnormal tissue: 24-R1 ☐ N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Date stored	__ / __ / _____ DD / MM / YYYY		**Time stored**	_____ : _____ 24 hour		

Samples arriving at room temperature in MITS kit box

*Place the Bactec blood culture bottle (02-B1) and CSF sample (10 mL sterile vial 01-L1) in a transport box **without ice** (same one that a positive urine specimen cup was placed in) and proceed with the steps*

Store the 12 formalin jars (if all samples taken, potentially more if extra samples taken) in the CHAIN lab until they are transported to the histopathology lab for processing.

CLO Test Location	☐ CHAIN lab ☐ Verified in Dr. Peter Finch's office
	Document results 4-24 hrs after tissue placed in gel on CLO test CRF.

The completed Core and Intestinal Specimen Collection CRFs will arrive in the MITS kit box. Make one copy of the Initial Transporting, Processing, and Storing of Samples CRF to place in the CHAIN Lab. Then immediately give all original CRFs to the CHAIN data management team. If outside of business hours, deliver on the next business day. If data team is not in the CHAIN office, leave in the box marked MITS.

Personnel Performing Sample Processing

Name of laboratory technician	
Name(s) of all assistant(s)	_____ _____ _____ **Please separate names with a semi-colon**
Date sample processing completed	__ / __ / _____ DD / MM / YYYY	**Time sample processing completed**	_____ : _____ 24 hour

Comments on Procedure (Optional)
_____
_____
_____
_____

Sample Transport to MLW	
*If MLW lab has not already been notified, alert them that samples will be arriving. Place MLW labels with LMS numbers on the blood culture bottle, CSF tube, and urine cup (if applicable) in the transport box **without ice** prior to transport to MLW.*	
Bactec blood culture bottle 02-B1 LMS Number	_____
CSF sample 01-L1 LMS Number	_____
Urine specimen cup LMS Number ☐ N/A	_____
Date CSF, blood culture, and urine (if needed) transported to MLW lab	__ / __ / ____ DD / MM / YYYY
Time transported to MLW lab	____ : ____ 24 hour
Name of person transporting specimen	_____

Document History		
Version	**Change Log**	**Date**
V.1 Initial Transporting, Processing, and Storing of Samples CRF	Original version	3-Aug-18
V.2 Initial Transporting, Processing, and Storing of Samples CRF	1. Stool sample: Added 3rd rectal swab (03-A0) 2. Rectal biopsy: Added a 2nd frozen rectal biopsy for Taq (09-V2) 3. Deleted section on cultures collected during hospitalization	21-Nov-18
V.2 Initial Transporting, Processing, and Storing of Samples CRF	1. Added space for malaria/HIV test results	1-May-19