



CHAIN Number [2][0][0][0][1][][]
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CHAIN Participant Details			
Participant ID	20001 _____		
Date of Birth	____/____/_____ D D / M M / Y Y Y Y	Participant (Initials)	_____
Sample Collection date	____/____/_____ D D / M M / Y Y Y Y	Time of collection 24H Clock	____:____
Affix Participant ID barcode Label Here			

Attendance Details						
Date of attendance	____/____/_____ D D / M M / Y Y Y Y			Time of attendance	____:____	
Presented to:	<input type="checkbox"/> Emergency department <input type="checkbox"/> Outpatient <input type="checkbox"/> Directly to research <input type="checkbox"/> Other, sample delivered to clinic team lab					
Diarrhoea >14 days <input type="checkbox"/>	Diarrhoea <14 days <input type="checkbox"/>	Fever/ hotness of body <input type="checkbox"/>	Cough <input type="checkbox"/>	Vomiting <input type="checkbox"/>	Other <input type="checkbox"/>	
Samples Sent	<input checked="" type="checkbox"/> None <input type="checkbox"/> EDTA <input type="checkbox"/> Serum <input type="checkbox"/> Blood gas <input type="checkbox"/> Stool culture <input type="checkbox"/> Blood culture <input type="checkbox"/> Other					
Collected by (Initials)	_____ <input type="checkbox"/> Unknown	Delivered by (Initials)	_____	Received by (Initials)	_____	

CBC Results (Staple results printout to this form or write results here)				
Date of processing	____/____/_____ D D / M M / Y Y Y Y		Time of processing 24H Clock	____:____



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Test	Haemoglobin	RBC	WBC	Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Platelets
Results	___	___	___	___	___	___	___	___	___
Write numbers only. Use local units as reported by lab. Do not convert units.									

CLINICAL CHEMISTRY RESULTS									
<i>(Staple results printout to this form or write results here)</i>									
Date of processing		Time of processing							
___/___/___		24H Clock				__:__:__			
D D / M M / Y Y Y Y									
Na	K	Ca	Mg	Urea	Creatinine	Albumin	Bilirubin	AST	Phosphate
___	___	___	___	___	___	___	___	___	___
mmol/L	mmol/L	mmol/L	mmol/L	mmol/L	μmol/L	g/L	μmol/L	IU/L	IU/L

BLOOD GAS RESULTS						
<i>(Staple results printout to this form or write results here)</i>						
Date of processing		Time of processing				
___/___/___		24H Clock			__:__:__	
D D / M M / Y Y Y Y						
Test	pH	PO ₂	PCO ₂	Bicarb	Chloride	Lactate
Results	___	___	___	___	___	___
Units	No units	mmHg	mmHg	mmol/L	mmol/L	mmol/L

Rectal Swab Culture Results			
Isolate 1	_____	API	_____
Isolate 2	_____	API	_____



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Isolate 3	-----	API	-----
Isolate 4	-----	API	-----

Blood Culture																							
Barcode Number		-----										Bactec Number		-----									
Bactec Position		-----																					
1 st Weight		----- . ____ grams										2 nd Weight		----- . ____ grams									
Date-to-positive		____/____/_____ <i>D D / M M / Y Y Y Y</i>										Time-to-positive		____ : ____									
Isolate 1		-----										Isolate 2		-----									
API isolate 1		-----										API isolate 2		-----									
Date of detection:		____/____/_____ <i>D D / M M / Y Y Y Y</i>										Date of detection:		____/____/_____ <i>D D / M M / Y Y Y Y</i>									
Time of detection:		____ : ____										Time of detection:		____ : ____									
	PEN	AMP	AMC	AZM	OXA	FOX	ERY	DA	SXT	CHL	CTX	CRO	CAZ	GEN	CIP	NA	NIT	TET	MEM	AMI	COL	VA	OTHER
Isolate 1																							
Isolate 2																							