



CHAIN Number [4][0][0][0][1][][][]
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CHAIN Participant Details			
Participant ID	20001 _____		
Date of Birth	____/____/_____ <i>D D / M M / Y Y Y Y</i>	Participant (Initials)	_____
Sample Collection date	____/____/_____ <i>D D / M M / Y Y Y Y</i>	Time of collection 24H Clock	____:____
Affix Participant ID barcode Label Here			

Attendance Details					
Date of attendance	____/____/_____ <i>D D / M M / Y Y Y Y</i>			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)	_____



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



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

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	-----
	-----		-----



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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																							