



CHAIN Number [5][0][0][0][2][][][]
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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 <i>24H Clock</i>	____:____
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)	____ <input type="checkbox"/> Unknown

CBC Results

(Staple results printout to this form or write results here)

Date of processing	____/____/____ <i>D D / M M / Y Y Y Y</i>	Time of processing <i>24H Clock</i>	____:____						
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.									



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CLINICAL CHEMISTRY RESULTS									
<i>(Staple results printout to this form or write results here)</i>									
Date of processing		Time of processing							
___/___/____ <i>D D / M M / Y Y Y Y</i>		24H Clock			__:__:__				
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				
___/___/____ <i>D D / M M / Y Y Y Y</i>		24H Clock			__:__:__	
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	_____
Isolate 3	_____	API	_____
Isolate 4	_____	API	_____

Blood Culture			
Barcode Number	_____	Bactec Number	_____



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Bactec Position		_____																					
1st Weight		_____ . ____ grams										2nd 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																							