



CHAIN 2 Microbiology Request Form Kilifi and Dhaka			
<b>Participant ID</b> (Affix patient label here)	[ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ]		
<b>Sample Collection date</b>	__/__/____ D D / M M / Y Y Y Y		
<b>Date of Birth</b>	__/__/____ D D / M M / Y Y Y Y	<b>Participant Initials</b>	__ __ __

Part A: Requisition form (To be filled by the Clinician)					
Admission <input type="checkbox"/>	Discharge <input type="checkbox"/>	Day 21 <input type="checkbox"/>	Day 60 <input type="checkbox"/>		
<b>Consent for shipping</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO*		
*Samples received with red sticker cannot be shipped. Place red stickers on storage aliquots after processing if NO consent for shipping and place in designated NO shipment freezer boxes.					
Specimen type		Collected (Tick)		Time Collected	
Rectal swab (R1) <input type="checkbox"/> N/A		<input type="checkbox"/> Y <input type="checkbox"/> N		__:__:__ 24H Clock	
Rectal swab (R2) <input type="checkbox"/> N/A		<input type="checkbox"/> Y <input type="checkbox"/> N		__:__:__ 24H Clock	
Blood Culture		<input type="checkbox"/> Y <input type="checkbox"/> N		__:__:__ 24H Clock	
Collected by (Initials)	____	Delivered by (Initials)	____	Received by (Initials)	____
Date Received	__/__/____ D D / M M / Y Y Y Y	Delivery Time	__:__:__ 24H clock	Reception Time	__:__:__ 24H clock

Part B: Results Tracking Form (To be filled by the Lab)				
Specimen type	Received (Tick)	Barcode ID	KIDMS SPECIMEN ID	
Rectal swab (R1) <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	
Rectal swab (R2) <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	
Blood Culture <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	
Date of processing	__/__/____ D D / M M / Y Y Y Y	Time of processing 24H Clock	Blood culture	Rectal Swabs
			__:__:__	__:__:__



Blood Culture																							
Bactec/BacT Alert Barcode Number												_____											
1 <sup>st</sup> Weight						_____ grams						2 <sup>nd</sup> Weight						_____ grams					
Bactec/BacT Alert Position						_____						Positive						<input type="checkbox"/> Y <input type="checkbox"/> N					
Date-to-positive						___/___/_____						Time-to-positive						___:___					
Isolate 1 <input type="checkbox"/> N/A						_____						Isolate 2 <input type="checkbox"/> N/A						_____					
Growth Quantity						<input type="checkbox"/> Scanty <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3						Growth Quantity						<input type="checkbox"/> Scanty <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3					
API isolate 1 <input type="checkbox"/> N/A						_____						API isolate 2 <input type="checkbox"/> N/A						_____					
Date of detection:						___/___/_____						Date of detection:						___/___/_____					
						<i>D D / M M / Y Y Y Y</i>												<i>D D / M M / Y Y Y Y</i>					
Time of detection:						___:___						Time of detection:						___:___					
Isolate Name	PEN	AMP	AMC	AZM	OXA	FOX	ERY	DA	SXT	CHL	CTX	CRO	CAZ	GEN	CIP	NA	NIT	TET	MEM	AMI	COL	VA	OTHER

Part C: Sample and Isolate storage details (To be filled by the Lab)										
Rectal Swab		Storage (R1) <input type="checkbox"/> N/A		F (Freezer):	T (Tray):	Box (B):	R (Row):	C (Column):	P (Position):	
Rectal Swab		Storage (R2) <input type="checkbox"/> N/A		F (Freezer):	T (Tray):	Box (B):	R (Row):	C (Column):	P (Position):	
Date of Storage				Time of Storage				_____ : _____ <i>24H Clock</i>		
___/___/_____				<i>D D / M M / Y Y Y Y</i>						
Isolate storage details										
Isolate name/ID	Freezer position						Date of storage	Time of storage	Stored by (Initials)	
_____	F	T	B	R	C	P	___/___/_____	___:___	_____	
							<i>D D / M M / Y Y Y Y</i>			
_____	F	T	B	R	C	P	___/___/_____	___:___	_____	
							<i>D D / M M / Y Y Y Y</i>			
_____	F	T	B	R	C	P	___/___/_____	___:___	_____	
							<i>D D / M M / Y Y Y Y</i>			
_____	F	T	B	R	C	P	___/___/_____	___:___	_____	
							<i>D D / M M / Y Y Y Y</i>			
Results Reviewed by						Sign	Date		___/___/_____	
									<i>D D / M M / Y Y Y Y</i>	