



CHAIN 2 HAEMATOLOGY AND CLINICAL CHEMISTRY REQUEST FORM

Participant ID (Affix Barcode label here)	[][] [][] [][] [][] [][]		
Sex (Tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female		
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

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"/>
Sample Type	<input type="checkbox"/> EDTA (For CBC)	<input type="checkbox"/> Lithium Heparin/EDTA (For clinical chemistry)	<input type="checkbox"/> Plain Red Top (For clinical chemistry)
Collected by (Initials)	_____	Delivered by (Initials)	_____
Date Received	__ / __ / ____ D D / M M / Y Y Y Y		
	<input type="checkbox"/> Arterial/Venus (i-STAT) (For blood gas)		
			Received by (Initials) _____

Tests Required

(To be filled by the Clinician)

<input type="checkbox"/> Complete blood count and differential (CBC)	
<input type="checkbox"/> Clinical Chemistry <ul style="list-style-type: none"> • Calcium, • Magnesium, • Albumin, • Bilirubin (Total) 	<ul style="list-style-type: none"> • Phosphate (Both Alkaline and Inorganic required) • ALT • Sodium, Potassium, Urea and Creatinine (UEC)
<input type="checkbox"/> BLOOD GAS analysis/i-STAT <ul style="list-style-type: none"> • pH • PCO2 • PO2 • TCO2a 	<ul style="list-style-type: none"> • HCO3a • Base Excess (BE)a • sO2a • Lactate

Part B: Tracking Form

(To be filled by the Lab)

Sample	Specimen Number	Sample Status				
EDTA		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Haemolysed	<input type="checkbox"/> Insufficient	<input type="checkbox"/> Clotted	<input type="checkbox"/> Missing
PLASMA /SERUM		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Haemolysed	<input type="checkbox"/> Insufficient		<input type="checkbox"/> Missing

GAS /i-STAT	<input type="checkbox"/> Acceptable <input type="checkbox"/> Haemolysed <input type="checkbox"/> Insufficient <input type="checkbox"/> Clotted <input type="checkbox"/> Missing <input type="checkbox"/> Faulty Machine
Confirmed by(Initials)	_____

*Inform the lab manager/project coordinator if a sample is missing



CHAIN 2 Haematology and Clinical Chemistry Request Form

LAB RESULTS										
CBC Results (Staple result-printouts to this form or write results here) Differentials must be actual values, not percentages										
Date of processing		_____ / _____ / _____ D D / M M / Y Y Y Y				Time of processing			____ : ____ 24H Clock	
Test	HB	RBC	WBC	Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Platelets	IG
Results										
Lab Tech Initials				_____						

CLINICAL CHEMISTRY RESULTS										
(Staple result-printouts to this form or write results here)										
Date of processing		_____ / _____ / _____ D D / M M / Y Y Y Y				Time of processing			____ : ____ 24H Clock	
Na	K	Ca	Mg	Urea	Creatinine	Albumin	Bilirubin (Total)	ALT	Inorganic Phosphate	Alkaline Phosphate
Lab Tech Initials					_____					

* leave blank if missing or the results are stapled

BLOOD GAS 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
Test done			<input type="checkbox"/> Yes <input type="checkbox"/> No			Faulty Machine		<input type="checkbox"/> Yes <input type="checkbox"/> No
Test	pH	PO ₂	PCO ₂	Bicarb	Chloride	Lactate	Base excess (Be)	Be_ecf
Results								

Lab Tech Initials	_____
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* leave blank if missing or the results are stapled

*Units may vary from site to site, so please provide units as per your machine. Provide actual machine values

APOC i-STAT MACHINE
ICG4+ Cartridge (Blood gas and Lactate)
Kilifi and Dhaka only
(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 done		<input type="checkbox"/> Yes <input type="checkbox"/> No		Faulty Machine		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Test	pH	PCO2	PO2	TCO2a	HCO3a	Base Excess (BE)a	sO2a	Lactate
Results	_____	_____	_____	_____	_____	+/- _____	_____ %	_____
Lab Tech Initials				_____				

Results Review

REVIEWED by	<i>Signed</i>	<i>Initials</i>	Date	____/____/_____ <i>D D / M M / Y Y Y Y</i>
	_____	_____		_____