



CHAIN 2 Sample Storage Request Form			
Participant ID <i>(Affix patient label here)</i>	[][] [][] [][] [][] [][]		
Sample Collection date	__ __ / __ __ / __ __ __ __ <i>D D / M M / Y Y Y Y</i>		
Sex (tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth	__ __ / __ __ / __ __ __ __ <i>D D / M M / Y Y Y Y</i>	Participant Initials	__ __ __ __

Part A: Requisition form <i>(To be filled by the Clinician)</i>				
	Admission <input type="checkbox"/>	Discharge <input type="checkbox"/>	Day 21 <input type="checkbox"/>	Day 60 <input type="checkbox"/>
Consent future research and shipping	<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 future research and shipping" and place in designated "NO future research and shipping" freezer boxes.	
Sample Type	<input type="checkbox"/> SERUM Red top 2ml <input type="checkbox"/> N/A	<input type="checkbox"/> EDTA Plasma Purple top 2ml <input type="checkbox"/> N/A	<input type="checkbox"/> DRIED BLOOD SPOT <input type="checkbox"/> N/A	<input type="checkbox"/> RECTAL SWAB Dry (R1) <input type="checkbox"/> N/A
Time of collection (24H clock)	__ : __	__ : __	__ : __	__ : __
STOOL Submission				
Stool Collected: <input type="checkbox"/> No <input type="checkbox"/> Yes Date of stool passing __ __ / __ __ / __ __ __ __ <i>D D / M M / Y Y Y Y</i> Time of stool passing as confirmed by research staff/Care giver. __ __ : __ __ <input type="checkbox"/> Unknown <input type="checkbox"/> Uncertain <i>24H clock</i> <i>If uncertain, estimated time of stool passing;</i> <input type="checkbox"/> < 2 hrs <input type="checkbox"/> 2 to 6 hrs <input type="checkbox"/> > 6 hrs <input type="checkbox"/> Unknown Time of stool collection by Research staff __ __ : __ __ <i>24H clock</i> Date Received/collected by Research Staff: __ __ / __ __ / __ __ __ __ <i>D D / M M / Y Y Y Y</i>				



Time of stool passing confirmed by	<input type="checkbox"/> Care giver <input type="checkbox"/> Healthcare worker	Stool kept in cool box with icepacks after passing within 30 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Faecal pot left with Care giver before passing stool	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Collected By (initials)	_____	Delivered by (initials)	_____	Received by (initials)	_____	Date Received ___/___/_____ D D / M M / Y Y Y Y

* Rectal swabs are stored upon receipt in the lab

*Other samples should be delivered to the lab without stool sample as soon as it is collected. Fill a separate blank form if stool collection is done later.

Part B: Storage Tracking Form (To be filled by the Lab)						
Sample Type	<input type="checkbox"/> SERUM Red top 2ml	<input type="checkbox"/> EDTA Plasma Purple top 2ml	<input type="checkbox"/> DRIED BLOOD SPOT	<input type="checkbox"/> RECTAL SWAB Dry (R1)		<input type="checkbox"/> Stool
Volume Brought	_____ ml	_____ ml	N/A	N/A	N/A	_____ gm
Time Lab Received (24H clock)	____:____ 24H clock	____:____ 24H clock	____:____ 24H clock	____:____ 24H clock	____:____ 24H clock	____:____ 24H clock
Samples Type		Sample Status				
SERUM Red top 2 ml		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Haemolysed	<input type="checkbox"/> Insufficient	<input type="checkbox"/> Missing	
EDTA Plasma Purple top 2ml <input type="checkbox"/> N/A		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Haemolysed	<input type="checkbox"/> Insufficient	<input type="checkbox"/> Clotted	<input type="checkbox"/> Missing
Stool <input type="checkbox"/> N/A		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Mixed with Urine	<input type="checkbox"/> Insufficient	<input type="checkbox"/> Missing	
Confirmed by (initials)		_____				

Serum (Red Top) 2ml two aliquots						
Sample Type	Barcode Number	KIDMS SPECIMEN NUMBER		*Volume	Comment	
Serum 1(S1) <input type="checkbox"/> N/A	_____	_____		_____ μl	_____	
Serum 2 (S2) <input type="checkbox"/> N/A	_____	_____		_____ μl	_____	
Freezer Position: S1 <input type="checkbox"/> N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)



Freezer Position: S2 <input type="checkbox"/> N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Time stored (S1 & S2) <input type="checkbox"/> N/A	____:____					

*Estimated volume

EDTA Plasma (Purple Top) 2ml two aliquots						
Sample Type	Barcode Number	KIDMs Specimen No			*Volume	Comment
Plasma 1(P1) <input type="checkbox"/> N/A	_____	_____			_____ μl	_____
Plasma 2 (P2) <input type="checkbox"/> N/A	_____	_____			_____ μl	_____
Freezer Position: P1 <input type="checkbox"/> N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Freezer Position: P2 <input type="checkbox"/> N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Time stored (P1 & P2) <input type="checkbox"/> N/A	____:____					

*Add comment if sample is insufficient/less volume

Rectal swab two aliquots						
Sample type	Barcode Number	KIDMs Specimen Number				
Dry Rectal swab (R1) <input type="checkbox"/> N/A	_____	_____				
Freezer Position: R1 <input type="checkbox"/> N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Time stored (R1) <input type="checkbox"/> N/A	____:____					



Stool sample aliquots						
Sample type	Barcode Number	KIDMs Specimen No			Volume	
Feaces 1 (F1) <input type="checkbox"/> N/A					_____ ml/gm	
Feaces 2 (F2) <input type="checkbox"/> N/A					_____ ml/gm	
Feaces 3 (F3) <input type="checkbox"/> N/A					_____ ml/gm	
Freezer Position: F1 <input type="checkbox"/> N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Freezer Position: F2 <input type="checkbox"/> N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Freezer Position: F3 <input type="checkbox"/> N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)
Time stored (F1, F2 & F3) <input type="checkbox"/> N/A	_____ : _____					
Dry Blood Spot (DBS) one piece						
Sample type	Barcode Number	KIDMs Specimen No				
DBS <input type="checkbox"/> N/A						
Freezer Position: DBS <input type="checkbox"/> N/A	Freezer (F)	Tray (T)	Box (B)	Row (R)	Column (C)	Position (P)

Storage Confirmation				
(once storage is complete)				
Red sticker? <i>(not for shipping)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete set of samples for the collection time point?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, specify sample type and reason _____
REVIEWED/ CONFIRMED by	<i>Initials</i> _____	<i>Signature</i> _____	Date _____	____ / ____ / ____ D D / M M / Y Y Y Y



N/B: Indicate/Tick Not Applicable N/A in all blank spaces especially when a sample has not been collected. All blank spaces should have N/A indicated.