

MITS in CHAIN



Core Specimen Collection CRF

General Information			
CHAIN ID (Write CHAIN ID #. Upon receipt in CHAIN lab, affix barcode here)	[3] [0] [0] [0] [1] [] [] []		CHAIN/nutrition substudy patient? <input type="checkbox"/> yes <input type="checkbox"/> no
MITS Specimen Kit ID #	MC- 0 _ _ _		
Date of death	_ _ / _ _ / _ _ _ _ DD / MM / YYYY	Time of death	_ _ : _ _ 24 hour
Date body received in mortuary	_ _ / _ _ / _ _ _ _ DD / MM / YYYY	Time received in mortuary	_ _ : _ _ 24 hour
Date body placed in refrigerator	_ _ / _ _ / _ _ _ _ DD / MM / YYYY	Time body in refrigerator	_ _ : _ _ 24 hour
Date body taken out of refrigerator	_ _ / _ _ / _ _ _ _ DD / MM / YYYY	Time body taken out of refrigerator	_ _ : _ _ 24 hour
Date core MITS initiated	_ _ / _ _ / _ _ _ _ DD / MM / YYYY	Time core MITS initiated	_ _ : _ _ 24 hour

Anthropometric Measurements					
Weight	#1	___ . ___ (kg)	Length	#1	___ . ___ (cm)
	#2	___ . ___ (kg)		#2	___ . ___ (cm)
	Difference between #1 & #2	___ . ___ (kg)		Difference between #1 & #2	___ . ___ (cm)
	#3 If difference is >0.7kg	___ . ___ (kg)		#3 If difference is >0.7cm	___ . ___ (cm)
Mid-Upper Right Arm Circumference (MUAC)	#1	___ . ___ (cm)	Head circumference	#1	___ . ___ (cm)
	#2	___ . ___ (cm)		#2	___ . ___ (cm)
	Difference between #1 & #2	___ . ___ (cm)		Difference between #1 & #2	___ . ___ (cm)
	#3 If difference is >0.5cm	___ . ___ (cm)		#3 If difference is >0.5cm	___ . ___ (cm)

Right tibia	#1	___ . __ (cm)	Right foot	#1	___ . __ (cm)
	#2	___ . __ (cm)		#2	___ . __ (cm)
	Difference between #1 & #2	___ . __ (cm)		Difference between #1 & #2	___ . __ (cm)
	#3 If difference is >0.5cm	___ . __ (cm)		#3 If difference is >0.5cm	___ . __ (cm)

Physical Findings

Sex <i>Tick one</i>	<input type="checkbox"/> Male	Distended abdomen (before endoscopy) <i>Tick one</i>	<input type="checkbox"/> Yes
	<input type="checkbox"/> Female		<input type="checkbox"/> No
	<input type="checkbox"/> Indeterminate		<input type="checkbox"/> No exam
			<input type="checkbox"/> Indeterminate

Evidence of trauma (bruises, lacerations, cuts/wounds, burns, fractures, external bleeding?)

No Yes, describe _____

Gross facial abnormalities: Yes, describe No

Other significant gross findings: Yes, describe No

Skin/Mucosal Findings

Jaundice/Icterus Yes No

Petechiae Yes No

If yes, list the location(s): _____

Rash Yes No

If yes, describe & identify the location(s): _____

Other skin abnormalities Yes No

If yes, please describe & identify the location(s): _____

Blood from the following:	Mouth	Ears	Nose	Rectum
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Palpation Findings

Organomegaly or Abdominal Masses	Hepatomegaly	Splenomegaly
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enlarged Lymph Nodes or Supraclavicular Nodes	Other abdominal mass(es) <i>If yes, please describe:</i>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Location(s) and approximate size of nodes: _____ _____ _____		

If any part of the physical exam above was not completed, explain why:

Photography

Front	<input type="checkbox"/> Yes <input type="checkbox"/> No	Additional photos	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is face in full view in frontal photo?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, specify: _____ _____
Back	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain why photographs were not obtained:	
Sides	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
Nails	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____ _____

Go to Intestinal SOP, then clean body, then continue Core SOP.

Body fluids

Cerebrospinal fluid (01)	CSF 10 mL vial 01-L1	CSF Cryovial 01-V1	CSF Cryovial 01-V2	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>N2</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>N2</i>	
Approximate total volume collected _____ mL				
Gross appearance of CSF <i>Tick all that apply</i>	Clear	Turbid	Purulent	Hematic
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Blood (02) <i>Prioritize EDTA over red top tube</i> <i>Please check aliquot chart</i>	DBS Card created: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>for non-CHAIN patients only</i>		
	EDTA tube 02-T2 Volume <i>Please tick one</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 5mL <input type="checkbox"/> Other amount ____ . ____ mL <i>Gently invert twice & keep upright</i> <i>Cool</i>		
	Red top tube 02- T1 Volume <i>Please tick one</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 5mL <input type="checkbox"/> Other amount ____ . ____ mL		
	Bactec bottle 02-B1 Volume <i>Please tick one</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 5mL <input type="checkbox"/> Other amount ____ . ____ mL		
Time red top tube filled	____ : ____ 24 hour	Time EDTA tube filled	____ : ____ 24 hour
Location where blood collected <i>Tick all that apply</i>	Subclavian vein <input type="checkbox"/> Yes <input type="checkbox"/> No	Intracardiac <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other, please specify: _____ _____
Nasopharyngeal (04)	NASAL 04-T1 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Cool</i>		
If any of the specimens were not collected, specify which and why they were not collected: _____ _____ _____			

Tissue Collection				
Liver (05)	LIVER Cryovial 05-V1 (2bx) <input type="checkbox"/> Yes <input type="checkbox"/> No N2		LIVER Cryovial 05-V2 (2 bx) <input type="checkbox"/> Yes <input type="checkbox"/> No N2	
	LIVER Formalin Jar 05-J1 (6 bx) <input type="checkbox"/> Yes <input type="checkbox"/> No		LIVER EM Jar 05-E1 (2 1mm sections from 6th liver biopsy for formalin) <input type="checkbox"/> Yes <input type="checkbox"/> No Cool	
	Time of sectioning for EM jar ____ : ____		Date of EM fixative preparation ____ / ____ / ____ DD / MM / YYYY	
If any issues were encountered during sectioning, please specify. Provide other comments as needed: _____ _____				
Abdominal organs (06)	ABD Formalin Jar 06-J1 <i>(6-8 bx aiming at pancreas & kidney. note in comments below if Biomal needle used for sampling)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Right thorax (07)	R THORAX Cryovial 07-V1 (3 bx) <input type="checkbox"/> Yes <input type="checkbox"/> No N2		R THORAX Formalin Jar 07-J1 (6bx) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Left thorax (08)	L THORAX Cryovial 08-V1 (3 bx) <input type="checkbox"/> Yes <input type="checkbox"/> No N2		L THORAX Formalin Jar 08-J1 (6 bx) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Right and left thorax (09)	R/L THORAX Cryovial 09-V1 (6 bx) <input type="checkbox"/> Yes <input type="checkbox"/> No N2		R/L THORAX Cryovial 09-V2 (6 bx) <input type="checkbox"/> Yes <input type="checkbox"/> No N2	
Brain approach <i>Tick all that apply</i>	Anterior Fontanelle <input type="checkbox"/> Yes <input type="checkbox"/> No	Occipital <input type="checkbox"/> Yes <input type="checkbox"/> No	Supraorbital <input type="checkbox"/> Yes <input type="checkbox"/> No	

Brain (10)	CNS cryovial 10-V1 (4 bx) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>N2</i>	CNS cryovial 10-V2 (4 bx) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>N2</i>	CNS Formalin Jar 10-J1 (6 bx) <input type="checkbox"/> Yes <input type="checkbox"/> No
Bone Marrow (11)	B MARROW Formalin Jar 11-J1 (1bx) <input type="checkbox"/> Yes <input type="checkbox"/> No	B MARROW Cryovial 11-V1 (1bx) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>N2</i>	
If any of the tissue specimens were not collected, specify which and why they were not collected:			

Urine Collection				
Urine collected (12)	URINE 12-U1 <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate volume collected _____ mL <i>Cool</i>	URINE 12-unlabeled cup <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate volume collected _____ mL		
Color <i>Tick one</i>	<input type="checkbox"/> Straw colored <input type="checkbox"/> Dark Concentrated <input type="checkbox"/> Brown <input type="checkbox"/> Red			
Clarity <i>Tick one</i>	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy/Debris <input type="checkbox"/> Frothy			
Odor <i>Tick one</i>	<input type="checkbox"/> Neutral <input type="checkbox"/> Offensive <input type="checkbox"/> Sweet			
Urinalysis results Test using unlabeled cup. Keep specimen cup 12-U1 sterile for micro testing.	Blood <i>Circle one</i>	neg.	Hemolysis + ++ +++	Non-Hemolysis + ++ +++
	Bilirubin <i>Circle one</i>	neg. + ++ +++	Protein <i>Circle one</i>	neg. + ++ +++ +++++
	Urobilinogen <i>Tick one</i>	<input type="checkbox"/> 0.1 <input type="checkbox"/> 4(66) <input type="checkbox"/> 1(16) <input type="checkbox"/> 8(131) <input type="checkbox"/> 2(33)	Nitrate <i>Circle one</i>	neg. pos.
	Ketones <i>Circle one</i>	neg. + ++ +++	Leukocytes <i>Circle one</i>	neg. + ++ +++
	Glucose <i>Circle one</i>	neg. + ++ +++ ++++	pH	____ . ____
	Specific gravity <i>Tick one</i>	<input type="checkbox"/> 1.000 <input type="checkbox"/> 1.005 <input type="checkbox"/> 1.010 <input type="checkbox"/> 1.015 <input type="checkbox"/> 1.020 <input type="checkbox"/> 1.025 <input type="checkbox"/> 1.030		
	Ascorbic acid	neg. + ++		
	If leukocytes or nitrates are positive, use sharpie marker to write POSITIVE/CULTURE on urine cup 12-U1. If both are neg., write NEGATIVE/NO CULTURE			
	Photo of urinalysis strip, urinalysis interpretation panel, & photo ID card <input type="checkbox"/> Yes <input type="checkbox"/> No			
If any of the urine specimens were not collected, specify which and why they were not collected:				

Additional comments regarding the procedure or gross findings:

Additional Specimen Collection

Ascites fluid collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Approximate volume collected _____ mL Specimen number: <input type="checkbox"/> MC21 Cool
Pleural fluid collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Approximate volume collected _____ mL Specimen number: <input type="checkbox"/> MC21 <input type="checkbox"/> MC22 Cool
Skin lesion(s) sampled	#1 Formalin jar Location _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____ Specimen number: <input type="checkbox"/> MC21 <input type="checkbox"/> MC22 <input type="checkbox"/> MC23 <input type="checkbox"/> MC24
	#2 Formalin jar Location _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____ Specimen number: <input type="checkbox"/> MC21 <input type="checkbox"/> MC22 <input type="checkbox"/> MC23 <input type="checkbox"/> MC24
	#1 Formalin jar Location _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____ Specimen number: <input type="checkbox"/> MC21 <input type="checkbox"/> MC22 <input type="checkbox"/> MC23 <input type="checkbox"/> MC24
	Cryovial <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____ Specimen number: <input type="checkbox"/> MC21 <input type="checkbox"/> MC22 <input type="checkbox"/> MC23 <input type="checkbox"/> MC24 N2
Lymph node(s) sampled	#2 Formalin jar Location _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____ Specimen number: <input type="checkbox"/> MC21 <input type="checkbox"/> MC22 <input type="checkbox"/> MC23 <input type="checkbox"/> MC24
	Cryovial <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____ Specimen number: <input type="checkbox"/> MC21 <input type="checkbox"/> MC22 <input type="checkbox"/> MC23 <input type="checkbox"/> MC24 N2

Extra Specimen #1

< Extra Label #1
 Here >

_____ (e.g. abscess, enlarged lymph node, etc.)

Extra Specimen #2

< Extra Label #2
 Here >

_____ (e.g. abscess, enlarged lymph node, etc.)

	Extra Specimen #3		Extra Specimen #4
<div style="border: 1px solid black; border-radius: 10px; padding: 5px; width: 80px; margin: 0 auto;"> < Extra Label #3 Here > </div>	<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> (e.g. abscess, enlarged lymph node, etc.)	<div style="border: 1px solid black; border-radius: 10px; padding: 5px; width: 80px; margin: 0 auto;"> < Extra Label #4 Here > </div>	<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> (e.g. abscess, enlarged lymph node, etc.)

Personnel Performing MITS			
Name of primary pathologist	_____		
Name(s) of all assistant(s) present for specimen collection	_____ Please separate names with a semi-colon _____ _____		
Date core MITS completed	___ / ___ / ___ DD / MM / YYYY	Time core MITS completed	___ : ___ 24 hour

Comments on Procedure (Optional)
_____ _____ _____ _____ _____

Document History		
Version	Change Log	Date
V.1 Core Sampling CRF	Original version	28-Jun-18
V.2 Core Sampling CRF	1. Anthros: Tibia and foot measurements, changed mm to cm for consistency. 2. After Photo section: Clarified to do beginning portion, then go to GI sampling SOP 3. Body Fluids: Qty of Bactec bottles changed from 1 to 4 4. Liver: Re-worded liver EM jar collection instructions, added place to record time of sectioning in Liver section, added date of EM fixative preparation in Liver section, space for comments in Liver section 5. Bone Marrow: moved formalin sample first before cryovial for microbio 6. Moved rectal swab instructions to GI CRF	21-Nov-18
V.3 GI Sampling CRF	1. space for checking CHAIN/nutrition substudy patient 2. DBS card checkbox 3. changed order of blood aliquoting	1-May-19