PB-SAM Sample Storage Request Form

Participant ID *(Affix patient label here)*	[ ] [ ][ ][ ] [ ]
Screening Number *(Kampala only)*	[M] [ ] [ ] [ ] [ ]
Sample Collection date	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*
Sex *(tick)*	☐ Male ☐ Female

Date of Birth	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*	**Participant Initials**	___ ___ ___

Part A: Requisition form
(To be filled by the Clinician)

Admission	Rolling stool	Discharge	Day 21	Day 60	*Re-admission
☐	☐	☐	☐	☐	☐

Sample Type	☐ **EDTA** **Plasma Purple top 3ml** ☐ N/A	☐ **RECTAL SWAB Dry (R1)** ☐ **RECTAL SWAB wet (R2)**
Time of collection (*24H clock***)**	_ _ : _ _	_ _ : _ _

STOOL Submission

Stool Collected: ☐ Yes ☐ No **Date of stool passing** __ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y* **Time of stool passing as confirmed by research staff/Care giver.** ___ __ : __ __ ☐ Unknown ☐ Uncertain *24H clock* *If uncertain, estimated time of stool passing;*	☐ < 2 hrs ☐ 2 to 6 hrs ☐ > 6 hrs ☐ Unknown **Time of stool collection by Research staff** __ __ : __ __ *24H clock* **Date Received/collected by Research Staff:** __ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*

Time of stool passing confirmed by	☐ Care giver ☐ H/care worker	**Stool kept in cool box with icepacks after passing within 30 minutes**	☐ Yes ☐ No	**Faecal pot left with Care giver before passing stool**	☐ Yes ☐ 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.

* For re-admission, collect and store R1, R2 and stool aliquots only.

Part B: Storage Tracking Form			
(To be filled by the Lab)			
Sample Type	☐ EDTA **Plasma Purple top 3ml**	☐ **RECTAL** SWAB Dry (R1) ☐ **RECTAL** SWAB Wet (R2)	☐ **Stool**
Volume Brought	____ ml	N/A	____gm
Time Lab Received *(24H clock)*	__ __: __ __ *24H clock*	___ ___ : __ __ *24H clock*	__ __: __ __ *24H clock*
Samples Type	Sample Status		
EDTA Plasma Purple top 3ml ☐ N/A	☐ Acceptable ☐ Haemolysed ☐ Insufficient ☐ Clotted ☐ Missing		
☐ RECTAL SWAB Dry (R1) ☐ RECTAL SWAB Wet (R2) ☐ N/A	☐ Acceptable ☐ R1 Missing ☐ R2 missing		
Stool ☐ N/A	☐ Acceptable ☐ Mixed with Urine ☐ Insufficient ☐ Missing		
Confirmed by (i*nitials*)	__ __ __		

EDTA Plasma (Purple Top) 2ml four aliquots					
Sample Type	Barcode Number	KIDMS Specimen No		*Volume	Comment
Plasma 1 (P1) ☐ N/A	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _		_ _ _ µl	_____
Plasma 2 (P2) ☐ N/A	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _		_ _ _ µl	_____
Plasma 3 (P3) ☐ N/A	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _		_ _ _ µl	_____
Plasma 4 (P4) ☐ N/A	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _		_ _ _ µl	_____

Freezer Position: P1 ☐ N/A	Freezer (F)	Rack (Rk)	Slot (Slt)	Tray (T)	Box (Bx)	Column (C)	Row (R)

Freezer Position: P2 ☐ N/A	Freezer (F)	Rack (Rk)	Slot (Slt)	Tray (T)	Box (Bx)	Column (C)	Row (R)

Freezer Position: P3 ☐ N/A	Freezer (F)	Rack (Rk)	Slot (Slt)	Tray (T)	Box (Bx)	Column (C)	Row (R)

Freezer Position: P4 ☐ N/A	Freezer (F)	Rack (Rk)	Slot (Slt)	Tray (T)	Box (Bx)	Column (C)	Row (R)

Time stored (P1, P2, P3 and P4) ☐ N/A	__ __: __ __	*Add comment if sample is insufficient/less volume*

Rectal swab two vials

Sample type	Barcode Number		KIDMs Specimen Number
Dry Rectal swab (R1) ☐ N/A	— — — — — — —		— — — — — — — —
Wet Rectal swab (R2) ☐ N/A	— — — — — — —		— — — — — — — —

Freezer Position: R1 ☐ N/A	Freezer (F)	Rack (Rk)	Slot (Slt)	Tray (T)	Box (Bx)	Column (C)	Row (R)

Freezer Position: R2 ☐ N/A	Freezer (F)	Rack (Rk)	Slot (Slt)	Tray (T)	Box (Bx)	Column (C)	Row (R)

Time stored (R1 and R2) ☐ N/A	__ __ : __ __	

Stool samples four aliquots

Sample Type	Barcode Number	KIDMs Specimen No		*Volume	Comment
Faeces 1 (F1) ☐ N/A	— — — — — —	— — — — — — — —		__ __ __ µl	_____
Faeces 2 (F2) ☐ N/A	— — — — — —	— — — — — — — —		__ __ __ µl	_____
Faeces 3 (F3) ☐ N/A	— — — — — —	— — — — — — — —		__ __ __ µl	_____
Faeces 4 (F4) ☐ N/A	— — — — — —	— — — — — — — —		__ __ __ µl	_____

Freezer Position: F1 ☐ N/A	Freezer (F)	Rack (Rk)	Slot (Slt)	Tray (T)	Box (Bx)	Column (C)	Row (R)

Freezer Position: F2 ☐ N/A	Freezer (F)	Rack (Rk)	Slot (Slt)	Tray (T)	Box (Bx)	Column (C)	Row (R)

Freezer Position: F3 ☐ N/A	Freezer (F)	Rack (Rk)	Slot (Slt)	Tray (T)	Box (Bx)	Column (C)	Row (R)

Freezer Position: F4 ☐ N/A	Freezer (F)	Rack (Rk)	Slot (Slt)	Tray (T)	Box (Bx)	Column (C)	Row (R)

Time stored (F1, F2, F3 and F4)	__ __: __ __	*Add comment if sample is insufficient/less volume*

Storage Confirmation *(once storage is complete)*				
Complete set of samples for the collection time point?			☐ Yes ☐ No	If no, specify sample type and reason _____
REVIEWED/ CONFIRMED by	*Initials* __ __ __	*Signature* _____	**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.