PB-SAM Microbiology Blood Culture Request Form Kilifi and Dhaka

Participant ID (Affix patient label here)	[ ] [ ] [ ] [ ] [ ]
Sample Collection date	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*

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

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

Admission ☐			**Re-admission** ☐

Specimen type		**Collected** *(Tick)*	**Time Collected**
	Blood Culture	☐ Y ☐ 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**
Blood Culture ☐ N/A		☐ Y ☐ N	__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __ __
Date of processing	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*	**Time of processing** *24H Clock*	**Blood culture** __ __ : __ __	

Bactec Blood Culture

Bactec/BacT Alert Barcode Number	— — — — — — — — — —

1st Weight	__ __ __ . __ __ grams	2nd Weight	__ __ __ . __ __ grams

Bactec/BacT Alert Position	__ __ __	Positive	☐ Y ☐ N

Date-to-positive	__ __ / __ __ / __ __ __ __	Time-to-positive	__ __ : __ __

Isolate 1 ☐ N/A	___ ___ ___	Isolate 2 ☐ N/A	___ ___ ___

Growth Quantity	O Scanty O + 1 O +2 O +3	Growth Quantity	☐ Scanty ☐ + 1 ☐ +2 ☐ +3

API isolate 1 ☐ N/A	— — — — — — —	API isolate 2 ☐ N/A	— — — — — — —

Date of detection:	__ __ / __ __ / __ __ __ __ D D / M M / Y Y Y Y	Date of detection:	__ __ / __ __ / __ __ __ __ D D / M M / Y Y Y Y

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: Isolate storage details

Isolate code	Freezer position							Date of storage	Time of storage	Stored by (*Initials*)
	F	Rk	Slt	T	Bx	C	R	__ __ / __ __ / __ __ __ __ D D / M M / Y Y Y Y	— — : — —	___ ___ ___
— — —										
	F	Rk	Slt	T	Bx	C	R	__ __ / __ __ / __ __ __ __ D D / M M / Y Y Y Y	— — : — —	___ ___ ___
— — —										
	F	Rk	Slt	T	Bx	C	R	__ __ / __ __ / __ __ __ __ D D / M M / Y Y Y Y	— — : — —	___ ___ ___
— — —										
	F	Rk	Slt	T	Bx	C	R	__ __ / __ __ / __ __ __ __ D D / M M / Y Y Y Y	— — : — —	___ ___ ___
— — —										
Results Reviewed by						Sign			Date	__ __ / __ __ / __ __ __ __ D D / M M / Y Y Y Y