



PB-SAM 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
(To be filled by the Clinician)

Admission <input type="checkbox"/>	Rolling stool <input type="checkbox"/>	Discharge <input type="checkbox"/>	Day 21 <input type="checkbox"/>	Day 60 <input type="checkbox"/>	*Re-admission <input type="checkbox"/>
Sample Type	<input type="checkbox"/> EDTA Plasma Purple top 3ml <input type="checkbox"/> N/A		<input type="checkbox"/> RECTAL SWAB Dry (R1) <input type="checkbox"/> RECTAL SWAB wet (R2)		
Time of collection <i>(24H clock)</i>	--:--	--:--			

STOOL Submission

Stool Collected: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 2 hrs <input type="checkbox"/> 2 to 6 hrs <input type="checkbox"/> > 6 hrs <input type="checkbox"/> Unknown
Date of stool passing __ / __ / ____ <i>D D / M M / Y Y Y Y</i>	Time of stool collection by Research staff __: __ <i>24H clock</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>	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"/> H/care 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
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Collected By <i>(initials)</i>	_____	Delivered by <i>(initials)</i>	_____	Received by <i>(initials)</i>	_____	Date Received	__ / __ / ____ <i>D D / M M / Y Y Y Y</i>
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* 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	<input type="checkbox"/> EDTA Plasma Purple top 3ml	<input type="checkbox"/> RECTAL SWAB Dry (R1) <input type="checkbox"/> RECTAL SWAB Wet (R2)	<input type="checkbox"/> Stool
Volume Brought	___ ml	N/A	___ gm
Time Lab Received <small>(24H clock)</small>	___:___ <small>24H clock</small>	___:___ <small>24H clock</small>	___:___ <small>24H clock</small>
Samples Type		Sample Status	
EDTA Plasma Purple top 3ml <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	
<input type="checkbox"/> RECTAL SWAB Dry (R1) <input type="checkbox"/> RECTAL SWAB Wet (R2) <input type="checkbox"/> N/A		<input type="checkbox"/> Acceptable <input type="checkbox"/> R1 Missing <input type="checkbox"/> R2 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)		_____	

EDTA Plasma (Purple Top) 2ml four 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	_____	
Plasma 3 (P3) <input type="checkbox"/> N/A	_____	_____			___ µl	_____	
Plasma 4 (P4) <input type="checkbox"/> N/A	_____	_____			___ µl	_____	
Freezer Position: P1 <input type="checkbox"/> N/A	Freezer (F)	Rack (Rk)	Slot (SlT)	Tray (T)	Box (Bx)	Column (C)	Row (R)
Freezer Position: P2 <input type="checkbox"/> N/A	Freezer (F)	Rack (Rk)	Slot (SlT)	Tray (T)	Box (Bx)	Column (C)	Row (R)
Freezer Position: P3 <input type="checkbox"/> N/A	Freezer (F)	Rack (Rk)	Slot (SlT)	Tray (T)	Box (Bx)	Column (C)	Row (R)
Freezer Position: P4 <input type="checkbox"/> N/A	Freezer (F)	Rack (Rk)	Slot (SlT)	Tray (T)	Box (Bx)	Column (C)	Row (R)
Time stored (P1, P2, P3 and P4) <input type="checkbox"/> 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) <input type="checkbox"/> N/A	_____				_____		
Wet Rectal swab (R2) <input type="checkbox"/> N/A	_____				_____		
Freezer Position: R1 <input type="checkbox"/> N/A	Freezer (F)	Rack (Rk)	Slot (SlT)	Tray (T)	Box (Bx)	Column (C)	Row (R)
Freezer Position: R2 <input type="checkbox"/> N/A	Freezer (F)	Rack (Rk)	Slot (SlT)	Tray (T)	Box (Bx)	Column (C)	Row (R)
Time stored (R1 and R2) <input type="checkbox"/> N/A	___ : ___						

Stool samples four aliquots							
Sample Type	Barcode Number	KIDMs Specimen No			*Volume	Comment	
Faeces 1 (F1) <input type="checkbox"/> N/A	_____	_____			_____ μ l	_____	
Faeces 2 (F2) <input type="checkbox"/> N/A	_____	_____			_____ μ l	_____	
Faeces 3 (F3) <input type="checkbox"/> N/A	_____	_____			_____ μ l	_____	
Faeces 4 (F4) <input type="checkbox"/> N/A	_____	_____			_____ μ l	_____	
Freezer Position: F1 <input type="checkbox"/> N/A	Freezer (F)	Rack (Rk)	Slot (SlT)	Tray (T)	Box (Bx)	Column (C)	Row (R)
Freezer Position: F2 <input type="checkbox"/> N/A	Freezer (F)	Rack (Rk)	Slot (SlT)	Tray (T)	Box (Bx)	Column (C)	Row (R)
Freezer Position: F3 <input type="checkbox"/> N/A	Freezer (F)	Rack (Rk)	Slot (SlT)	Tray (T)	Box (Bx)	Column (C)	Row (R)
Freezer Position: F4 <input type="checkbox"/> 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 <i>(once storage is complete)</i>				
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.