



CHAIN 2 Microbiology Blood Culture Request Form Kilifi and Dhaka

Participant ID (Affix patient label here)	[] [] [] [] [] []		
Sample Collection date	__ / __ / __ __ __ __ <small>D D / M M / Y Y Y Y</small>		
Date of Birth	__ / __ / __ __ __ __ <small>D D / M M / Y Y Y Y</small>	Participant Initials	__ __ __

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

Admission <input type="checkbox"/>		Re-admission <input type="checkbox"/>	
Consent for 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 shipping and place in designated NO shipment freezer boxes.			
Specimen type		Collected (Tick)	
Blood Culture		<input type="checkbox"/> Y <input type="checkbox"/> N	
Collected by (Initials)	__ __ __	Delivered by (Initials)	
__ __ __		Received by (Initials)	
__ __ __		__ __ __	
Date Received	__ / __ / __ __ __ __ <small>D D / M M / Y Y Y Y</small>	Delivery Time	__ : __ <small>24H clock</small>
		Reception Time	__ : __ <small>24H clock</small>

Part B: Results Tracking Form (To be filled by the Lab)

Specimen type	Received (Tick)	Barcode ID	KIDMS SPECIMEN ID
Blood Culture <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Date of processing	__ / __ / __ __ __ __ <small>D D / M M / Y Y Y Y</small>	Time of processing <small>24H Clock</small>	Blood culture __ : __



Bactec Blood Culture																								
Bactec/BacT Alert Barcode Number										_____														
1 st Weight					_____ grams					2 nd Weight					_____ grams									
Bactec/BacT Alert Position					_____					Positive					<input type="checkbox"/> Y <input type="checkbox"/> N									
Date-to-positive					___/___/___					Time-to-positive					__:__									
Isolate 1 <input type="checkbox"/> N/A					_____					Isolate 2 <input type="checkbox"/> N/A					_____									
Growth Quantity					<input type="checkbox"/> Scanty <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3					Growth Quantity					<input type="checkbox"/> Scanty <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3									
API isolate 1 <input type="checkbox"/> N/A					_____					API isolate 2 <input type="checkbox"/> 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	R	C	___/___/___ D D / M M / Y Y Y Y	__:__	_____														
_____	F	Rk	SlT	T	Bx	R	C	___/___/___ D D / M M / Y Y Y Y	__:__	_____														
_____	F	Rk	SlT	T	Bx	R	C	___/___/___ D D / M M / Y Y Y Y	__:__	_____														
_____	F	Rk	SlT	T	Bx	R	C	___/___/___ D D / M M / Y Y Y Y	__:__	_____														
Results Reviewed by								Sign		Date	___/___/___ D D / M M / Y Y Y Y													