



CHAIN 2 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	Discharge	Day 21	Day 60	*Re-admission
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 (24H clock)	--:--	--:--		
STOOL Submission				
Stool Collected: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of stool passing ___/___/_____ <i>D D / M M / Y Y Y Y</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>		<input type="checkbox"/> < 2 hrs <input type="checkbox"/> 2 to 6 hrs <input type="checkbox"/> > 6 hrs <input type="checkbox"/> Unknown Time of stool collection by Research staff ___:___ <i>24H clock</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"/> Healthcare 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
Collected By (initials)	_____	Delivered by (initials)	_____	Received by (initials)
			Date Received	___/___/_____ <i>D D / M M / Y Y Y Y</i>

* 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 Plasma, 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	___ gm / ml	N/A	___ gm / ml
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	
RECTAL SWAB Dry (R1) 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)	Row (R)	Column (C)
Freezer Position: P2 <input type="checkbox"/> N/A	Freezer (F)	Rack (Rk)	Slot (SlT)	Tray (T)	Box (Bx)	Row (R)	Column (C)
Freezer Position: P3 <input type="checkbox"/> N/A	Freezer (F)	Rack (Rk)	Slot (SlT)	Tray (T)	Box (Bx)	Row (R)	Column (C)
Freezer Position: P4 <input type="checkbox"/> N/A	Freezer (F)	Rack (Rk)	Slot (SlT)	Tray (T)	Box (Bx)	Row (R)	Column (C)
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)	Row (R)	Column (C)
Freezer Position: R2 <input type="checkbox"/> N/A	Freezer (F)	Rack (Rk)	Slot (SlT)	Tray (T)	Box (Bx)	Row (R)	Column (C)
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	_____	_____			___ ml / gm	_____	
Faeces 2 (F2) <input type="checkbox"/> N/A	_____	_____			___ ml / gm	_____	
Faeces 3 (F3) <input type="checkbox"/> N/A	_____	_____			___ ml / gm	_____	
Faeces 4 (F4) <input type="checkbox"/> N/A	_____	_____			___ ml / gm	_____	
Freezer Position: F1 <input type="checkbox"/> N/A	Freezer (F)	Rack (Rk)	Slot (SlT)	Tray (T)	Box (Bx)	Row (R)	Column (C)
Freezer Position: F2 <input type="checkbox"/> N/A	Freezer (F)	Rack (Rk)	Slot (SlT)	Tray (T)	Box (Bx)	Row (R)	Column (C)
Freezer Position: F3 <input type="checkbox"/> N/A	Freezer (F)	Rack (Rk)	Slot (SlT)	Tray (T)	Box (Bx)	Row (R)	Column (C)
Freezer Position: F4 <input type="checkbox"/> N/A	Freezer (F)	Rack (Rk)	Slot (SlT)	Tray (T)	Box (Bx)	Row (R)	Column (C)
Time stored (F1, F2, F3 and F4) <input type="checkbox"/> N/A	___ : ___		<i>*Add comment if sample is insufficient/less volume</i>				



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.