



CHAIN 2 Rectal Swab Storage Request Form			
<b>Participant ID</b> (Affix patient label here)	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
<b>Sample Collection date</b>	____/____/_____ D D / M M / Y Y Y Y		
<b>Sex (tick)</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Date of Birth</b>	____/____/_____ D D / M M / Y Y Y Y	<b>Participant Initials</b>	____ _

Part A: Requisition form (To be filled by the Clinician)				
<b>Admission</b> <input type="checkbox"/>	<b>Discharge</b> <input type="checkbox"/>	<b>Day 21</b> <input type="checkbox"/>	<b>Day 60</b> <input type="checkbox"/>	<b>*Re-admission</b> <input type="checkbox"/>
<b>Sample Type</b>	<input type="checkbox"/> RECTAL SWAB Dry (R1) <input type="checkbox"/> RECTAL SWAB wet (R2)	<b>Time of collection</b> (24H clock)	____:____	

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

Part B: Storage Tracking Form (To be filled by the Lab)			
<b>Sample Type</b>	<input type="checkbox"/> RECTAL SWAB Dry (R1) <input type="checkbox"/> RECTAL SWAB Wet (R2)	<b>Time Lab Received</b> (24H clock)	____:____ 24H clock
<b>Samples Type</b>	<b>Sample Status</b>		
<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		
<b>Confirmed by (initials)</b>	____ _		



Rectal swab two vials							
<b>Sample type</b>	<b>Barcode Number</b>				<b>KIDMs Specimen Number</b>		
<b>Dry Rectal swab (R1)</b> <input type="checkbox"/> N/A	_____				_____		
<b>Wet Rectal swab (R2)</b> <input type="checkbox"/> N/A	_____				_____		
<b>Freezer Position: R1</b> <input type="checkbox"/> N/A	<b>Freezer (F)</b>	<b>Rack (Rk)</b>	<b>Slot (SlT)</b>	<b>Tray (T)</b>	<b>Box (Bx)</b>	<b>Row (R)</b>	<b>Column (C)</b>
<b>Freezer Position: R2</b> <input type="checkbox"/> N/A	<b>Freezer (F)</b>	<b>Rack (Rk)</b>	<b>Slot (SlT)</b>	<b>Tray (T)</b>	<b>Box (Bx)</b>	<b>Row (R)</b>	<b>Column (C)</b>
<b>Time stored (R1 and R2)</b> <input type="checkbox"/> N/A	____ : ____						

Storage Confirmation (once storage is complete)				
<b>Complete set of samples for the collection time point?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, specify sample type and reason _____
<b>REVIEWED/ CONFIRMED by</b>	<b>Initials</b> _____	<b>Signature</b> _____	<b>Date</b>	____ / ____ / ____ 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.