



CHAIN Participant Details			
Participant ID	20001 ____		
Date of Birth	____/____/____ D D / M M / Y Y Y Y	Participant (Initials)	____
Sample Collection date	____/____/____ D D / M M / Y Y Y Y	Time of collection 24H Clock	__:__:__
Affix Participant ID barcode Label Here			

Attendance Details						
Date of attendance	____/____/____ D D / M M / Y Y Y Y			Time of attendance	__:__:__	
Presented to:	<input type="checkbox"/> Emergency department		<input type="checkbox"/> Outpatient clinic	<input type="checkbox"/> Directly to research team		<input type="checkbox"/> Other, sample delivered to lab
Diarrhoea >14 days <input type="checkbox"/>	Diarrhoea <14 days <input type="checkbox"/>	Fever/ hotness of body <input type="checkbox"/>	Cough <input type="checkbox"/>	Vomiting <input type="checkbox"/>	Other <input type="checkbox"/>	
Samples Sent	<input checked="" type="checkbox"/> None <input type="checkbox"/> EDTA <input type="checkbox"/> Serum <input type="checkbox"/> Blood gas <input type="checkbox"/> Stool culture <input type="checkbox"/> Blood culture <input type="checkbox"/> Other					
Collected by (Initials)	____ <input type="checkbox"/> Unknown	Delivered by (Initials)	____	Received by (Initials)	____	

CBC Results										
<i>(Staple results printout to this form or write results here)</i>										
Date of processing	____/____/____ D D / M M / Y Y Y Y				Time of processing 24H Clock			__:__:__		
Test	Haemoglobin	RBC	WBC	Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Platelets	
Results	____	____	____	____	____	____	____	____	____	
Write numbers only. Use local units as reported by lab. Do not convert units.										



CLINICAL CHEMISTRY RESULTS									
<i>(Staple results printout to this form or write results here)</i>									
Date of processing		Time of processing							
___/___/____		24H Clock			__:__:__				
D D / M M / Y Y Y Y									
Na	K	Ca	Mg	Urea	Creatinine	Albumin	Bilirubin	AST	Phosphate
___	___	___	___	___	___	___	___	___	___
mmol/L	mmol/L	mmol/L	mmol/L	mmol/L	μmol/L	g/L	μmol/L	IU/L	IU/L

BLOOD GAS RESULTS						
<i>(Staple results printout to this form or write results here)</i>						
Date of processing		Time of processing				
___/___/____		24H Clock			__:__:__	
D D / M M / Y Y Y Y						
Test	pH	PO ₂	PCO ₂	Bicarb	Chloride	Lactate
Results	___	___	___	___	___	___
Units	No units	mmHg	mmHg	mmol/L	mmol/L	mmol/L

Rectal Swab Culture Results			
Isolate 1	_____	API	_____
Isolate 2	_____	API	_____
Isolate 3	_____	API	_____
Isolate 4	_____	API	_____

Blood Culture			
Barcode Number	_____	Bactec Number	_____
Bactec Position	_____		
1 st Weight	_____ grams	2 nd Weight	_____ grams
Date-to-positive	___/___/____	Time-to-positive	__:__:__
	D D / M M / Y Y Y Y		
Isolate 1		Isolate 2	_____

CHAIN Unscheduled Visit CRF and lab request form v1.60
 CHAIN Number [1][0][0][0][1][][][]



API isolate 1		_____										API isolate 2		_____									
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:		__ : __									
	PEN	AMP	AMC	AZM	OXA	FOX	ERY	DA	SXT	CHL	CTX	CRO	CAZ	GEN	CIP	NA	NIT	TET	MEM	AMI	COL	VA	OTHER
Isolate 1																							
Isolate 2																							