



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

Attendance Details						
<b>Date of attendance</b>	____/____/____ D D / M M / Y Y Y Y			<b>Time of attendance</b>	__:__:__	
<b>Presented to:</b>	<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"/>	
<b>Samples Sent</b>	<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					
<b>Collected by (Initials)</b>	____ <input type="checkbox"/> Unknown	<b>Delivered by (Initials)</b>	____	<b>Received by (Initials)</b>	____	

CBC Results										
<i>(Staple results printout to this form or write results here)</i>										
<b>Date of processing</b>	____/____/____ D D / M M / Y Y Y Y				<b>Time of processing</b> 24H Clock	__:__:__				
<b>Test</b>	Haemoglobin	RBC	WBC	Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Platelets	
<b>Results</b>	____	____	____	____	____	____	____	____	____	
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 <sub>2</sub>	PCO <sub>2</sub>	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 <sup>st</sup> Weight	_____ grams	2 <sup>nd</sup> 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][ ][ ][ ]



		_____																					
<b>API isolate 1</b>		_____										<b>API isolate 2</b>		_____									
<b>Date of detection:</b>		____/____/_____ D D / M M / Y Y Y Y										<b>Date of detection:</b>		____/____/_____ D D / M M / Y Y Y Y									
<b>Time of detection:</b>		__ : __										<b>Time of detection:</b>		__ : __									
	PEN	AMP	AMC	AZM	OXA	FOX	ERY	DA	SXT	CHL	CTX	CRO	CAZ	GEN	CIP	NA	NIT	TET	MEM	AMI	COL	VA	OTHER
<b>Isolate 1</b>																							
<b>Isolate 2</b>																							