**SUBJECT ID NUMBER: SITE CODE: SAMPLING DAY: D1 (RECRUITMENT) DATE OF SAMPLING:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sample type** | **Sample obtained?** (enter a cross in the box | **Time taken** (HH:MM use 24h clock) | **Study label applied and date & time of sampling written on the tube** (enter initials to confirm) | **If sample NOT taken on the date indicated above, enter the date below** | **Any comments** (include any deviations from sampling protocol) |
| **3ml EDTA Tube 1** | 🞏YES 🞏No 🞏NA |  |  |  |  |
| **3ml EDTA Tube 2** | 🞏YES 🞏No 🞏NA |  |  |  |  |
| **3ml EDTA Tube 3** | 🞏YES 🞏No 🞏NA |  |  |  |  |
| **3ml clotted blood tube x 1** | 🞏YES 🞏No 🞏NA |  |  |  |  |
| **Tempus tube x 1** | 🞏YES 🞏No 🞏NA |  |  |  |  |
| **Urine** | 🞏YES 🞏No 🞏NA |  |  |  |  |
| **Stool** | 🞏YES 🞏No 🞏NA |  |  |  |  |
| **NP aspirate (NPA)** | 🞏YES 🞏No 🞏NA |  |  |  |  |
| **ET aspirate** **(ETA)** | 🞏YES 🞏No 🞏NA |  |  |  |  |
| **Flocked Swab in UTM1** | 🞏YES 🞏No 🞏NA*If YES, state type:*🞏 Nasopharyngeal🞏 Nose and throat |  |  |  |  |
| **Sputum2** | 🞏YES 🞏No 🞏NA |  |  |  |  |
| **Infected Site Swab3** | 🞏YES 🞏No 🞏NASite:  |  |  |  |  |

**SAMPLER’S NAME: SAMPLER’S SIGNATURE: DATE (DD/MM/YYYY):**