**SUBJECT ID NUMBER: SITE CODE: SERIAL SAMPLING DAY: DATE OF SAMPLING:**

Complete one of these forms for each serial sampling day (days 3, 5, 7, 9, 11, 13, 15) during week 1 and week 2, even if samples were not obtained.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sample type** | **Sample obtained?** (enter a cross in the box | **Time taken** (HH:MM use 24h clock) | **Study sample 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 x 1** | 🞏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 UTM 1** | 🞏YES 🞏No 🞏NA *If YES, state type:*🞏 Nasopharyngeal🞏 Nose and throat |  |  |  |  |
| **Sputum2** | 🞏YES 🞏No 🞏NA |  |  |  |  |
| **Infected Site swab3** | 🞏YES 🞏No 🞏NASite:  |  |  |  |  |

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

**SAMPLER’S SIGNATURE:**