**SUBJECT ID NUMBER: SITE CODE: SAMPLING DAY: DATE SAMPLES RECEIVED & PROCESSED:**

This form is for a sample set from a once-weekly sampling day (week 3 onwards, up to maximum week 14). One form should be used for each sampling week. The sampling week is indicated on the labels on the clinical samples e.g. Week 3 Tempus tube = W3\_TEMP. Aliquot vial labels corresponding to the same week should be used.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sample type** | **Sample received?** (enter a cross in the box) | **Time received** (HH:MMuse 24h clock) | **Original sample labelled?** | **Time original sample entered freezer**(HH:MM use 24h clock) | **Number of aliquot vials made** (as appropriate) | **Aliquot vials labelled?** (enter initials to confirm) | **Time aliquot vials entered freezer** (HH:MM use 24h clock) | **If sample NOT received on date indicated above, enter date below** | **Comments** |
| **3ml EDTA tube x 1** | 🞏YES 🞏No  |  | 🞏YES 🞏No 🞏NA | EDTApellet: | Plasma vials: |  |  |  |  |
| **3ml clotted tube x 1** | 🞏YES 🞏No |  | 🞏YES 🞏No 🞏NA | Clottedpellet: | Serum vials: |  |  |  |  |
| **Tempus tube x 1** | 🞏YES 🞏No  |  | 🞏YES 🞏No 🞏NA |  | NA | NA | NA |  |  |
| **Urine** | 🞏YES 🞏No  |  | 🞏YES 🞏No 🞏NA | NA | Urinevials: |  |  |  |  |
| **Stool** | 🞏YES 🞏No  |  | 🞏YES 🞏No 🞏NA |  | NA | NA | NA |  |  |
| **NP aspirate** | 🞏YES 🞏No  |  | 🞏YES 🞏No 🞏NA | NA | NPAvials: |  |  |  |  |
| **ET aspirate** | 🞏YES 🞏No  |  | 🞏YES 🞏No 🞏NA | NA |  |  |  |  |  |
| **Flocked Swab + UTM** | 🞏YES 🞏No  |  | 🞏YES 🞏No 🞏NA |  | NA | NA | NA |  |  |
| **Sputum** | 🞏YES 🞏No |  | 🞏YES 🞏No 🞏NA | NA | Sputumvials: |  |  |  |  |
| **Infected Site swab** | 🞏YES 🞏No |  | 🞏YES 🞏No 🞏NA |  | NA | NA | NA |  |  |

**BMS NAME: DATE (DD/MM/YYYY):**  **BMS SIGNATURE:**