**SUBJECT ID NUMBER: SITE CODE: SAMPLING WEEK: DATE OF SAMPLING**

Complete one of these forms for each weekly sample set obtained (week 3 onwards, up to maximum week 14), 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 UTM1** | 🞏YES 🞏No 🞏NA *If YES, state type:*🞏 Nasopharyngeal🞏 Nose and throat |  |  |  |  |
| **Sputum2** | 🞏YES 🞏No 🞏NA |  |  |  |  |
| **Site swab3** | 🞏YES 🞏No 🞏NASite:  |  |  |  |  |

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