

Study # 004

CHILDID

Plate # 031

Visit # 001

F3_DATE

Site

Center

Child ID

Day

Month

Year

CHILDBRTH

1. Child's birthdate:

Day

Month

Year

Age:

AGE

Months

Version#

F3_Version

2. Child's gender:

Boy

Girl

GENDER

F3_AGE CAT 1=0-11 Months

2=12-23 Months

3=24-59 Months

CASE_AGE_CAT

0

1

9

No

Yes

DK

Eligibility Checklist

3. Does the child qualify as a DSS resident?

CHILD_DSS

4. Do you believe that this child is not currently enrolled in GEMS as a case?

NOT_GEMS

5. Is this child 0-59 months of age?

AGE59

6. Did this child pass 3 or more abnormally loose stools during the previous 24 hours?

ABN_LOOSE

7. Did current diarrhea episode begin within the previous 7 days?

DRH_7

8. Before this episode began, did the child have at least 7 days without diarrhea?

DRH7DAY

9. Does the child have ANY ONE of the following indicating moderate/severe diarrhea?

a. Sunken eyes, more than normal

DRH_SUNKEYES

b. Loss of skin turgor

DRH_TURGOR

c. Intravenous rehydration administered or prescribed

DRH_IV

d. Dysentery (diarrhea with visible blood in stool observed or reported)

DRH_DYS

e. Hospitalized with diarrhea or dysentery

DRH_HOSP

10. Is the child eligible for enrollment?

CHILD_ELIG

(The child is eligible only if the answers to the Questions 3 through 8, and at least one of the Questions 9a to 9e are "Yes".)

10a. If any response to Questions 3 – 8 or 9a – 9e are DK, check the option that best describes why you were not able to determine eligibility.

NOT_ELIG

Caretaker not available

Clinician not available

Both caretaker & clinician not available

Other, specify NOT_ELIG_SPEC

(If response to Q10 is "No", STOP, and end the interview by thanking the caretaker/parent for his/her participation. Write down the name and staff code and submit the form to the DCC. If child is eligible, continue to Question 11.)

Interviewer's Name

INT_CODE

Staff code

Quality Control's Name

QC_CODE

Staff code

QC_DATE

Day

Month

Year

Study # 004

CHILDID

Plate # 111

Visit # 001 F11_DATE

Site

Center

Child ID

Day

Month

Year

1. (Estimated) time of stool passed/excreted: (24 hour clock) VERSION=1
2. Time stool sample placed in transport media: (24 hour clock)
3. Consistency: (select one) CONSISTENCY
- ☐ grade 1 (formed) ☐ grade 2 (soft) ☐ grade 3 (thick liquid)
- ☐ grade 4 (opaque watery) ☐ grade 5 (rice water-clear watery)
4. Characterization:
- Blood BLOOD ☐ No ☐ Yes Pus PUS ☐ No ☐ Yes Mucus MUCUS ☐ No ☐ Yes
5. Swab in Cary Blair: ☐ No ☐ Yes CARYBLAIR
6. Swab in Buffered Glycerol Saline: ☐ No ☐ Yes GLYCEROL
7. If the child is a case, did s/he receive antibiotic after arriving at the health center but before producing the stool specimen? If the child is a control, did s/he receive antibiotic during the 4 hours prior to stool collection?
- ANTIBIOTIC ☐ No ☐ Yes ☐ DK

7a. If response to Question 7 is "Yes", check the appropriate boxes ["X" all that apply].

- ANTI_AMPI ☐ Ampicillin ANTI_NALI ☐ Nalidixic acid
- ANTI_COTR ☐ Cotrimoxazole ANTI_CIPR ☐ Ciprofloxacin/Norfloxacin/other fluoroquinolone
- ANTI_SELE ☐ Selexid/Pivmecillinam ANTI_GENT ☐ Gentamycin
- ANTI_CHLO ☐ Chloramphenicol/Thiamphenicol ANTI_ERYT ☐ Erythromycin
- ANTI_AZIT ☐ Azithromycin ANTI_MACR ☐ Other macrolides
- ANTI_PENI ☐ Penicillin ANTI_OTHER ☐ Other antibiotic, specify ANTI_SPEC
- ANTI_AMOX ☐ Amoxycillin

8. If antibiotic was given: ANTI_DATEDate of first antibiotic:

Day

Month

Year

Time of first antibiotic: ANTI_TIME (24 hour clock)Specimen ID: SPECIMEN_ID9. Time sample received by lab personnel: SPECIMEN_LABTIME (24 hour clock)INT_CODE

Staff code

Interviewer's Name _____

QC_CODE

Staff code

Quality Control's Name _____

QC_DATE

Day

Month

Year

Place sticker of Specimen ID here.

Bacteria Isolated

VERSION=1

- Technician:** TECH_SIG 1=Signature present

TECH_DATE

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Day Month Year

QC/Supervisor: QC_SIG 1=Signature present

REVIEW_DATE *Date Reviewed*

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| <i>Day</i> | | <i>Month</i> | | <i>Year</i> | | | |

Study # 004

Plate # 171

Visit # 001

SPECIMEN_ID

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Specimen ID

TEST_DATE

Date of Test

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Day

Month

Year

Results

| | | | | |
|------------------|------------------|--|-----------------------------------|-------------|
| <i>estA</i> (ST) | (approx. 147 bp) | <input checked="" type="checkbox"/> Positive | <input type="checkbox"/> Negative | RESULT_ESTA |
| <i>eltB</i> (LT) | (approx. 508 bp) | <input checked="" type="checkbox"/> Positive | <input type="checkbox"/> Negative | RESULT_ELTB |
| <i>bfpA</i> | (approx. 367 bp) | <input checked="" type="checkbox"/> Positive | <input type="checkbox"/> Negative | RESULT_BFPA |
| <i>aata</i> | (approx. 630 bp) | <input checked="" type="checkbox"/> Positive | <input type="checkbox"/> Negative | RESULT_AATA |
| <i>aaiC</i> | (approx. 215 bp) | <input checked="" type="checkbox"/> Positive | <input type="checkbox"/> Negative | RESULT_AAIC |
| <i>eae</i> | (approx. 881 bp) | <input checked="" type="checkbox"/> Positive | <input type="checkbox"/> Negative | RESULT_EAE |

E. coli ID (more than one may apply)

Internal Use Only

- ☐ *eae*⁺ only
- ☐ *bfpA*⁺ (with or without *eae*): Typical EPEC
- ☐ ETEC ST⁺ only
- ☐ ETEC ST⁺/LT⁺
- ☐ ETEC LT⁺ only
- ☐ EAEC *aata*⁺ only
- ☐ EAEC *aaiC*⁺ only
- ☐ EAEC *aata/aaiC*⁺
- ☐ Negative for diarrheagenic *E.coli*

Technician: TECH_SIG 1=Signature present

TECH_DATE

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QC/Supervisor: QC_SIG 1=Signature present

REVIEW_DATE

Date Reviewed

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Day

Month

Year

VRG Updated 22Aug2011

CRF 17 09OCT2007

Page 1 of 1



Study # 004

Plate # 175

Visit # 001

SPECIMEN_ID

TEST_DATE

Date of Test

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Specimen ID

Day

Month

Year

Results

Stx-2 (approx. 443 bp)

☒ Positive☐ Negative STX2

eae (approx. 377 bp)

☐ Positive☐ Negative Internal use only

Sen (approx. 310 bp)

☒ Positive☐ Negative SEN

Stx-1 (approx. 220 bp)

☒ Positive☐ Negative STX1

Efa-1 (approx. 165 bp)

☒ Positive☐ Negative EFA1

Technician: _____

TECH_SIG

1=Signature present

TECH_DATE

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QC/Supervisor: _____

QC_SIG

1=Signature present

REVIEW_DATE

Date Reviewed

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Day

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VRG Updated 04Oct2011

CRF 17A 19OCT2009

Study # 004

SPECIMEN_ID

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Specimen ID

Plate # 181

Visit # 001
TEST_DATE

Date of Test

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Day

Month

Year

PROTOZOAL ELISA IMMUNOASSAY*Entamoeba histolytica*

COMP_ENTAMOEBA

☒ Test completed

RES_ENTAMOEBA

☒ Positive☐ Negative*Giardia lamblia*

COMP_GIARDIA

☒ Test completed

RES_GIARDIA

☒ Positive☐ Negative*Cryptosporidium spp.*

COMP_CRYPTOSPOR

☒ Test completed

RES_CRYPTOSPOR

☒ Positive☐ Negative

Technician: TECH_SIG1

1=Signature present

TECH_DATE1

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Day

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Year

VIRAL ELISA IMMUNOASSAY

Rotavirus

COMP_ROTAVIRUS

☒ Test completed

RES_ROTAVIRUS

☒ Positive☐ Negative

Adenovirus

COMP_ADENOVIRUS

☒ Test completed

RES_ADENOVIRUS

☒ Positive☐ Negative

Adenovirus 40/41

COMP_ADENO4041

☒ Test completed

RES_ADENO4041

☒ Positive☐ Negative☒ N/A

Technician: TECH_SIG2

1=Signature present

TECH_DATE2

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QC/Supervisor: QC_SIG

1=Signature present

REVIEW_DATE Date Reviewed

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Day

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Study # 004

SPECIMEN_ID

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Specimen ID

Plate # 191

Visit # 001

TEST_DATE

Date of Test

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Day

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RT-PCR FOR VIRUSES

Norovirus GI (~ 330 bp)

☒ Positive☐ Negative NORO_GI

Norovirus GII (~ 387 bp)

☒ Positive☐ Negative NORO_GII

Sapovirus (~ 434 bp)

☒ Positive☐ Negative SAPO_VIRUS

Astrovirus (~ 719 bp)

☒ Positive☐ Negative ASTRO_VIRUS

Technician: _____ TECH_SIG 1=Signature present

TECH_DATE

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QC/Supervisor: _____ QC_SIG 1=Signature present

REVIEW_DATE Date Reviewed

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Day

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