**Polio Shedding Wk 52**

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| **SIGN**  **(NOT ENTERED)** | **Instructions: Complete this form after each polio vaccine shedding stool is collected.**  **To be data entered after all specimens have been collected.** | | | |
|  | 1 | Polio shedding stool collection time point | 02 = Week 52 | |\_0\_| 2 | |
|  | 2 | **Day 0** (-1 day) stool collected?  (specimen BVC-SID-11-09) | 1 = Yes 2 = No | |\_\_\_| |
|  | 2a. If yes, date of stool collection  **(If stool not collected, enter 09/09/99)** | |\_\_\_||\_\_\_| / |\_\_\_||\_\_\_| / |\_\_\_||\_\_\_|  *D D M M Y Y* | |
|  | 2b. Specimen requisition sheet completed by? (Staff code) | |\_\_\_||\_\_\_||\_\_\_| | |
|  | 3 | **Day 4** (±1 day) stool collected?  (specimen BVC-SID-11-10) | 1 = Yes 2 = No | |\_\_\_| |
|  | 3a. If yes, date of stool collection  **(If stool not collected, enter 09/09/99)** | |\_\_\_||\_\_\_| / |\_\_\_||\_\_\_| / |\_\_\_||\_\_\_|  *D D M M Y Y* | |
|  | 3b. Specimen requisition sheet completed by? (Staff code) | |\_\_\_||\_\_\_||\_\_\_| | |
|  | **4** | **Day 11** (±1 day) stool collected?  (specimen BVC-SID-11-11) | 1 = Yes 2 = No | **|\_\_\_|** |
|  | 4a. If yes, date of stool collection  **(If stool not collected, enter 09/09/99)** | |\_\_\_||\_\_\_| / |\_\_\_||\_\_\_| / |\_\_\_||\_\_\_|  *D D M M Y Y* | |
|  | 4b. Specimen requisition sheet completed by?  (Staff code) | |\_\_\_||\_\_\_||\_\_\_| | |
|  | 5 | **Day 18** (±1 day) stool collected?  (specimen BVC-SID-11-12) | 1 = Yes 2 = No | |\_\_\_| |
|  | 5a. If yes, date of stool collection  **(If stool not collected, enter 09/09/99)** | |\_\_\_||\_\_\_| / |\_\_\_||\_\_\_| / |\_\_\_||\_\_\_|  *D D M M Y Y* | |
|  | 5b. Specimen requisition sheet completed by? (Staff code) | |\_\_\_||\_\_\_||\_\_\_| | |
|  | 6 | **Day 25** (±1 day) stool collected? **\*\***  (specimen BVC-SID-11-13) | 1 = Yes 2 = No | |\_\_\_| |
|  | 6a. If yes, date of stool collection  **(If stool not collected, enter 09/09/99)** | |\_\_\_||\_\_\_| / |\_\_\_||\_\_\_| / |\_\_\_||\_\_\_|  *D D M M Y Y* | |
|  | 6b. Specimen requisition sheet completed by? (Staff code) | |\_\_\_||\_\_\_||\_\_\_| | |