

**PRISM 2-COHORT STUDY**

Household ID | 1 | | | | | | | | | | Date of collection | | | | / | | | | / | | | |  
day month year

<b>Oocysts detection form</b> <b>Complete 1 form for each night of collection at an individual house</b>	
<b>Method of collection:</b> <input type="checkbox"/> Resting collection <input type="checkbox"/> Human landing catches	Completed by initials:

Total number of female <i>Anopheles</i> mosquitoes caught :           (Numbers below should add up to total)
Number dissected for oocysts :           Number NOT dissected for oocysts :

Mosquito number	Number of oocysts	If RC, room ID	If HLC, location of collection	Mosquito species	Location on mosquito sample storage worksheet	Barcode for remaining mid-gut samples stored in Eppendorf tube for future molecular testing
1			<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> A.g <input type="checkbox"/> A.f <input type="checkbox"/> OA	Row (A-H)       Col (1-12)	
2			<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> A.g <input type="checkbox"/> A.f <input type="checkbox"/> OA	Row (A-H)       Col (1-12)	
3			<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> A.g <input type="checkbox"/> A.f <input type="checkbox"/> OA	Row (A-H)       Col (1-12)	
4			<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> A.g <input type="checkbox"/> A.f <input type="checkbox"/> OA	Row (A-H)       Col (1-12)	
5			<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> A.g <input type="checkbox"/> A.f <input type="checkbox"/> OA	Row (A-H)       Col (1-12)	
6			<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> A.g <input type="checkbox"/> A.f <input type="checkbox"/> OA	Row (A-H)       Col (1-12)	
7			<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> A.g <input type="checkbox"/> A.f <input type="checkbox"/> OA	Row (A-H)       Col (1-12)	
8			<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> A.g <input type="checkbox"/> A.f <input type="checkbox"/> OA	Row (A-H)       Col (1-12)	
9			<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> A.g <input type="checkbox"/> A.f <input type="checkbox"/> OA	Row (A-H)       Col (1-12)	
10			<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> A.g <input type="checkbox"/> A.f <input type="checkbox"/> OA	Row (A-H)       Col (1-12)	

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**Household ID** |   1   |    |    |    |    |    |    |    |    | **Date of collection** |    |    | / |    |    | / |    |    |  
*day*      *month*      *year*

If > 10 mosquitoes continue with consecutive numbering of mosquitoes below and add more pages if necessary

Mosquito number	Number of oocysts	If RC, room ID	If HLC, location of collection	Mosquito species	Location on mosquito sample storage worksheet	Barcode for remaining mid-gut samples stored in Eppendorf tube for future molecular testing
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