CLINIC VISIT FORM (Page 1 of 4) Type of visit:   Routine visit (done every 28 days)   Non-routine visit (all unscheduled visits)	s)								
Woman of child bearing age □ Yes □ No  If yes, complete the following  Medical care outside the study clinic since last seen? □ Yes □ No (If no skip below)  Antimalarial therapy given outside study since last seen? □ Yes □ No (If no skip below)	Antimalarial therapy given outside study since last seen?  □ Yes □ No (If no skip below)								
	ast given								
(= ====================================	1								
	1								
$\square$ 1 <sup>st</sup> $\square$ 2 <sup>nd</sup> $\square$ 3 <sup>rd</sup> Did the participant sleep under an ITN last night? $\square$ Yes $\square$ No	Did the participant sleep under an ITN last night? ☐ Yes ☐ No								
Date of last clinic visit   _ /  /  Any overnight travel since last clinic visit:   Yes  No If yes, complete Travel CRF									
day month year									
VITAL SIGNS (temperature, height and weight are mandatory; others are optional)									
Temperature (°C)	Respiratory Rate								
	ute								
CLINICAL ASSESSMENT									
Parameter Circle one Duration (days) Parameter Circle one Duration (days)	Duration (days)								
Fever Yes / No / Cannot assess Cough Yes / No / Cannot assess									
Fatigue/ malaise Yes / No / Cannot assess Headache Yes / No / Cannot assess									
Abdominal pain Yes / No / Cannot assess Joint pains Yes / No / Cannot assess									
Anorexia Yes / No / Cannot assess Muscle aches Yes / No / Cannot assess									
Vomiting Yes / No / Cannot assess Seizure Yes / No / Cannot assess									
Diarrhea Yes / No / Cannot assess Jaundice Yes / No / Cannot assess									
Notes:									
Initials:									

Entered\_\_\_\_\_Date\_\_/\_\_/\_\_ Verified\_\_\_\_\_Date\_\_/\_\_/\_\_

PRISM 2 COHORT STUDY
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CLINIC VISIT FORM (Page 2 of 4)	Algorithm for laboratory testing if Routine Visit									
Assess the following to determine which option to choose for			Labo	ratory tes	ting option	on (circle	one selec	eted)		
laboratory testing		2	3	4	5	6	7	8	9	10
Weight in kg	2-4 kg	≥ 5 kg	≥ 5 kg	≥ 5 kg	5-7 kg	5-7 kg	5-7 kg	≥ 8 kg	≥ 8 kg	≥ 8 kg
Routine Hemocue/PMBCs done in the last 12 weeks?		Yes	Yes	Yes	No	No	No	No	No	No
Is participant a member of the household cohort for membrane feeding?		No	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Insectary team available to do membrane feeding assays?	N/A	N/A	No	Yes	N/A	No	Yes	N/A	No	Yes

## Send participant to the lab for collection of blood samples using the following algorithm

Ontion	Tubes and volumes of blood to be drawn	Collections always done	Hemocue	PBMCs	MACs	Membrane	Spin down remaining blood	
Option	Tubes and volumes of blood to be drawn	conections arways done	пешосие	PDIVICS		feeding	Plasma	RBC pellet
1	4 ml EDTA		Not done	Not done	Not done	Not done	2 aliquots	1 aliquot
2	6 ml EDTA		Not done	Not done	Not done	Not done	2 aliquots	1 aliquot
3	6 ml EDTA		Not done	Not done	Ordered	Not done	2 aliquots	1 aliquot
4	6 ml EDTA + 3ml Heparin	Thick smear Filter paper WB qPCR (2 aliquots) WB RNA protect (3 aliquots)	Not done	Not done	Ordered	Ordered	2 aliquots	1 aliquot
5	2 ml EDTA + 6 ml EDTA		Ordered	Ordered	Not done	Not done		
6	2 ml EDTA + 6 ml EDTA		Ordered	Ordered	Ordered	Not done		
7	2 ml EDTA + 4 ml EDTA + 3ml Heparin		Ordered	Ordered	Ordered	Ordered	Not or	
8	2 ml EDTA + 10 ml EDTA		Ordered	Ordered	Not done	Not done	blood collecte	at TDH using d for PBMCs)
9	2 ml EDTA + 10 ml EDTA		Ordered	Ordered	Ordered	Not done		
10	2 ml EDTA + 10 ml EDTA + 3ml Heparin		Ordered	Ordered	Ordered	Ordered		

	Date of Visit	/ _	/ _	_
Last First		dav	month	vec

CLINIC VISIT FORM (Page 3 of 4)				or laborato	ory testing if <u>I</u> diagnosed w	Non-routine Vith malaria	' <u>isit</u> AND p	participant		
Assess the	e following to determine which option to choose		Laborato	ory testing option	on (circle one se	lected)				
	testing	11	1	2	13	14	15			
Weight in	kg		2-4 kg	≥ 5kg	≥ 5kg	≥ 5kg	≥ 5kg	≥ 5kg		
Whether t	he patient has had malaria in the previous 4 weeks	s?	N/A	Yes	No	No	No	No		
Whether insectary team prepared to do membrane feeding assays?			N/A	N/A	No	Yes	No	Yes		
Whether parasitology team prepared to do parasite culture?			N/A	N/A	No	No	Yes	Yes		
	Send participant to the lab for collection of blood samples using the following algorithm									
			a almana dana	Membra	ne Parasite	Spin down remaining blood		ng blood		
Option	Tubes and volumes of blood to be drawn	Conection	Collections always done		culture	Plasma	RB	C pellet		
11	2 ml EDTA	Thin smear		Not don	e Not done	Not done	No	ot done		
12	6 ml EDTA	Filter paper		Not don	e Not done	ne 2 aliquots 1		1 aliquot		
13	4 ml EDTA + 3 ml Heparin	Hemocue MACs		Ordered	Not done	2 aliquots	1	aliquot		
14	4 ml EDTA + 3 ml Heparin	WB qPCR (2 aliquots)		Not done	e Ordered	2 aliquots	1	aliquot		
15	4 ml EDTA + 3 ml Heparin + 3ml Heparin	WB RNA pro	WB RNA protect (3 aliquots)		Ordered	2 aliquots	1	aliquot		

NEW DIAGNOSIS AND MEDICATION RECORD									
Diagnosis	Code	Medication	Code	Code Dose Frequency		Duration			

## **CLINIC VISIT FORM** (Page 4 of 4) If complicated malaria tick all criteria that apply Malaria visit type (always tick one) Danger signs in children <5 years of age □ No malaria diagnosed today ☐ 1-2 convulsions over a 24 hour period □ Uncomplicated malaria > 14 days since last episode = AL ☐ Inability to sit up or stand ☐ Complicated malaria > 14 days since last episode = Quinine or IV artesunate □ Uncomplicated malaria ≤ 14 days since treatment with AL = Quinine ☐ Vomiting everything □ Complicated malaria < 14 days since treatment with AL = Quinine or IV artesunate ☐ Unable to breast feed or drink ☐ Uncomplicated malaria < 14 days since complicated malaria = Quinine + clindamycin ☐ Lethargy ☐ Complicated malaria < 14 days since complicated malaria = Quinine + clindamycin Evidence of severe disease $\Box$ Uncomplicated malaria during the 1<sup>st</sup> trimester of pregnancy = Quinine ☐ Cerebral malaria ☐ Uncomplicated malaria and < 5 kg = Quinine $\square > 3$ convulsions over a 24 hour period $\Box$ Severe anemia (Hb < 5 gm/dl) LABORATORY TEST RESULTS ☐ Respiratory distress Blood smear reading □ urgent □ routine (if malaria diagnosed do thin smear) ☐ Jaundice ☐ Other: Specify \_\_\_\_\_ **Test** Result **Initials Hospitalizations (always tick one)** Parasite density (/ul) Patient referred for hospitalization: □ Yes □ No Gametocyte density (/ul) (if yes, complete hospitalization form) Parasite Species (circle all that apply) PF / PM / PO / PV / unknown Date of next scheduled visit: |\_\_\_|/|\_\_| day month year Hemoglobin (g/dL) Remember to inquire if any new people have joined the household and qPCR (/ul) may be eligible for the cohort study Barcode for samples