

PRISM BORDER-COHORT STUDY

Household ID | | | | | | | | | |

Date of collection | | | | / | | | | / | | | |
day month year

Oocysts detection form	
Complete 1 form for each night of collection at an individual house	
Source of mosquitoes: <input type="checkbox"/> Human landing catches <input type="checkbox"/> CDC light traps	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	Location of collection		Species	Number of oocysts	Location on mosquito sample storage worksheet	Barcode for remaining mid-gut samples stored in Eppendorf tube for future molecular testing
	If HLC	If CDC LT				
1	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Room Number 	<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	Room Number 	<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	Room Number 	<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	Room Number 	<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	Room Number 	<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	Room Number 	<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	Room Number 	<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	Room Number 	<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	Room Number 	<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	Room Number 	<input type="checkbox"/> A.g <input type="checkbox"/> A.f <input type="checkbox"/> OA		Row (A-H) Col (1-12)	

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

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	If HLC	If CDC LT				
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