

PRISM 2-COHORT STUDY Household ID | 1 | | | | | | | | | |

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

Dried Blood Spot (DBS) storage from blood fed mosquitoes collected

Complete form for each night of collection from a specific household where at least one blood fed mosquito collected (add additional pages if more than 10 blood fed mosquitoes collected)

Consecutive numbering of blood fed mosquitoes	Room ID	Collection method	Mosquito species	Location on Mosquito sample storage worksheet	Barcode
		<input type="checkbox"/> LT <input type="checkbox"/> RC <input type="checkbox"/> ET	<input type="checkbox"/> A.g <input type="checkbox"/> A.f <input type="checkbox"/> OA	Row (A-H) Column (1-12)	
		<input type="checkbox"/> LT <input type="checkbox"/> RC <input type="checkbox"/> ET	<input type="checkbox"/> A.g <input type="checkbox"/> A.f <input type="checkbox"/> OA	Row (A-H) Column (1-12)	
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LT = CDC light trap; RC = resting collection; ET = exit trap
A.g = *An. gambiae* sl; A.f = *An. funestus*; OA = other Anopheles