



| CLINIC VISIT FORM (Page 2 of 4)   |  |  | Algorithm for laboratory testing if <u>Routine Visit</u> |          |          |                  |   |            |        |        |        |        |
|---|--|--|--|----------|----------|------------------|---|------------|--------|--------|--------|--------|
| Assess the following to determine which option to choose for laboratory testing           |  |  | Laboratory testing option (circle one selected)          |          |          |                  |   |            |        |        |        |        |
|   |  |  | 1  | 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?  |  |  | N/A  | Yes      | Yes      | Yes              | No  | No         | No     | No     | No     | No     |
| Is participant a member of the household cohort for membrane feeding?                     |  |  | N/A  | 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 |  |  |  |          |          |                  |   |            |        |        |        |        |
| Option  | Tubes and volumes of blood to be drawn | Collections always done  | Hemocue  | PBMCs    | MACs     | Membrane feeding | Spin down remaining blood   |            |        |        |        |        |
|   |  |  |  |          |          |                  | Plasma  | RBC pellet |        |        |        |        |
| 1   | 4 ml EDTA                              | Thick smear<br>Filter paper<br>WB qPCR (2 aliquots)<br>WB RNA protect (3 aliquots) | 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                |  | Not done   | Not done | Ordered  | Ordered          | 2 aliquots  | 1 aliquot  |        |        |        |        |
| 5   | 2 ml EDTA + 6 ml EDTA                  |  | Ordered  | Ordered  | Not done | Not done         | Not ordered<br>(will be done at TDH using<br>blood collected for PBMCs) |            |        |        |        |        |
| 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          |   |            |        |        |        |        |
| 8   | 2 ml EDTA + 10 ml EDTA                 |  | Ordered  | Ordered  | Not done | Not done         |   |            |        |        |        |        |
| 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          |   |            |        |        |        |        |

| CLINIC VISIT FORM (Page 3 of 4)   |  | Algorithm for laboratory testing if <u>Non-routine Visit</u> AND participant diagnosed with malaria  |                  |                  |                           |            |       |
|---|--|--|------------------|------------------|---------------------------|------------|-------|
| Assess the following to determine which option to choose for laboratory testing           |  | Laboratory testing option (circle one selected)  |                  |                  |                           |            |       |
|   |  | 11   | 12               |                  | 13                        | 14         | 15    |
| Weight in kg  |  | 2-4 kg   | ≥ 5kg            | ≥ 5kg            | ≥ 5kg                     | ≥ 5kg      | ≥ 5kg |
| Whether the patient has had malaria in the previous 4 weeks?                              |  | 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 |  |  |                  |                  |                           |            |       |
| Option  | Tubes and volumes of blood to be drawn | Collections always done  | Membrane feeding | Parasite culture | Spin down remaining blood |            |       |
|   |  |  |                  |                  | Plasma                    | RBC pellet |       |
| 11  | 2 ml EDTA                              | Thin smear<br>Filter paper<br>Hemocue<br>MACs<br>WB qPCR (2 aliquots)<br>WB RNA protect (3 aliquots) | Not done         | Not done         | Not done                  | Not done   |       |
| 12  | 6 ml EDTA                              |  | Not done         | Not done         | 2 aliquots                | 1 aliquot  |       |
| 13  | 4 ml EDTA + 3 ml Heparin               |  | Ordered          | Not done         | 2 aliquots                | 1 aliquot  |       |
| 14  | 4 ml EDTA + 3 ml Heparin               |  | Not done         | Ordered          | 2 aliquots                | 1 aliquot  |       |
| 15  | 4 ml EDTA + 3 ml Heparin + 3ml Heparin |  | Ordered          | Ordered          | 2 aliquots                | 1 aliquot  |       |

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

**CLINIC VISIT FORM (Page 4 of 4)****Malaria visit type (always tick one)**

- ☐ No malaria diagnosed today  
☐ Uncomplicated malaria > 14 days since last episode = AL  
☐ Complicated malaria > 14 days since last episode = Quinine or IV artesunate  
☐ Uncomplicated malaria ≤ 14 days since treatment with AL = Quinine  
☐ Complicated malaria ≤ 14 days since treatment with AL = Quinine or IV artesunate  
☐ Uncomplicated malaria ≤ 14 days since complicated malaria = Quinine + clindamycin  
☐ Complicated malaria ≤ 14 days since complicated malaria = Quinine + clindamycin  
☐ Uncomplicated malaria during the 1<sup>st</sup> trimester of pregnancy = Quinine  
☐ Uncomplicated malaria and < 5 kg = Quinine

**LABORATORY TEST RESULTS**Blood smear reading ☐ urgent ☐ routine (if malaria diagnosed do thin smear)

| Test                                     | Result                      | Initials |
|--|-----------------------------|----------|
| Parasite density (/ul)                   |                             |          |
| Gametocyte density (/ul)                 |                             |          |
| Parasite Species (circle all that apply) | PF / PM / PO / PV / unknown |          |
| Hemoglobin (g/dL)                        |                             |          |
| qPCR (/ul)                               |                             |          |
| Barcode for samples                      |                             |          |

**If complicated malaria tick all criteria that apply**

Danger signs in children &lt;5 years of age

- ☐ 1-2 convulsions over a 24 hour period  
☐ Inability to sit up or stand  
☐ Vomiting everything  
☐ Unable to breast feed or drink  
☐ Lethargy

Evidence of severe disease

- ☐ Cerebral malaria  
☐ ≥ 3 convulsions over a 24 hour period  
☐ Severe anemia (Hb < 5 gm/dl)  
☐ Respiratory distress  
☐ Jaundice  
☐ Other: Specify \_\_\_\_\_

**Hospitalizations (always tick one)**
 Patient referred for hospitalization: ☐ Yes ☐ No  
 (if yes, complete hospitalization form)

 Date of next scheduled visit: |\_|\_|\_|/|\_|\_|\_|/|\_|\_|\_|  
 day month year

 Remember to inquire if any new people have joined the household and  
 may be eligible for the cohort study