

CLINIC VISIT FORM (Page 1 of 5)		Type of visit : <input type="checkbox"/> Routine visit (done every 28 days) <input type="checkbox"/> Non-routine visit (all unscheduled visits) <input type="checkbox"/> Immunology visit					
Woman of child bearing age <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following Is the woman pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No (if unsure may offer urine pregnancy test) If yes, record which trimester they are in <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	Medical care outside the study clinic since last seen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no skip below)				Antimalarial therapy given outside study since last seen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no skip below)		
	Where care given	Date	Diagnosis	BS done	Antimalarial	Dose	Date last given
		/ /		Y / N / ?			/ /
		/ /		Y / N / ?			/ /
	Did the participant sleep under an ITN last night? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Date of last clinic visit <input type="text"/> / <input type="text"/> / <input type="text"/> day month year Any overnight travel since last clinic visit: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Travel CRF							
Is this the head of the household: <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to vital signs) If yes, any overnight visitors since last clinic visit: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Visitor CRF							
VITAL SIGNS (temperature, height and weight are mandatory; others are optional)							
Temperature (°C) <input type="text"/> . <input type="text"/>	Height (cm) <input type="text"/>	Weight (kg) <input type="text"/> . <input type="text"/>	MUAC (cm) if < 5 years <input type="text"/>	Heart rate <input type="text"/> /minute	Blood Pressure (mm Hg) <input type="text"/> / <input type="text"/>	Respiratory Rate <input type="text"/> /minute	SpO2 <input type="text"/> (%)
CLINICAL ASSESSMENT							
Parameter	Circle one	Duration (days)	Parameter	Circle one	Duration (days)		
Fever	Yes / No / Cannot assess		Cough	Yes / No / Cannot assess			
Fatigue/ malaise	Yes / No / Cannot assess		Shortness of breath	Yes / No / Cannot assess			
Abdominal pain	Yes / No / Cannot assess		Headache	Yes / No / Cannot assess			
Anorexia	Yes / No / Cannot assess		Joint pains	Yes / No / Cannot assess			
Vomiting	Yes / No / Cannot assess		Muscle aches	Yes / No / Cannot assess			
Diarrhea	Yes / No / Cannot assess		Seizure	Yes / No / Cannot assess			
Rhinorrhea	Yes / No / Cannot assess		Loss of taste/smell	Yes / No / Cannot assess			
Rash	Yes / No / Cannot assess						
Does the participant have a new non malarial fever or rash? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes: order OP/NP swab and plasma in RNA/DNA shield on lab requisition form							
Did participant receive COVID-19 vaccination since last visit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: add COVID-19 vaccine information to Vaccination CRF							
Was participant exposed to someone suspected/diagnosed with COVID-19 within the prior 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No							

CLINIC VISIT FORM (Page 2 of 5)		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
Weight in kg		2-4 kg	5-7 kg	5-7 kg	5-7 kg	≥ 8 kg	≥ 8 kg	≥ 8 kg	≥ 8 kg
Participant selected for collection of PBMCs at this visit?		N/A	No	Yes	No	No	Yes	No	Yes
Participant selected for membrane feeding assays at this visit?		N/A	No	No	Yes	No	No	Yes	Yes
Is participant due for convalescent metagenomic sample (2 nd routine visit following RNA/DNA shield)? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes: order OP/NP swab and plasma in RNA/DNA shield on lab requisition form									
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	Membrane feeding	Spin down remaining blood			
						Plasma	RBC pellet		
1	2 ml EDTA	Thick smear Filter paper WB qPCR (2 aliquots) WB RNA protect (1 aliquot) WB Paxgene reagent (1 aliquots) BUT for PBMC visits WB Paxgene reagent (2 aliquots)	Should be done routinely every 12 weeks	Not done	Not done	2 aliquots	1 aliquot		
2	6 ml EDTA			Not done	Not done	2 aliquots	1 aliquot		
3	2 ml EDTA + 8 ml Heparin			8 ml tube	Not done	Not ordered (done by immunology)			
4	6 ml EDTA + 3 ml Heparin			Not done	3 ml tube	2 aliquots	1 aliquot		
5	6 ml EDTA			Not done	Not done	2 aliquots	1 aliquot		
6	2 ml EDTA + 10 ml Heparin + 3 ml Heparin			10 & 3 ml tube	Not done	Not ordered (done by immunology)			
7	6 ml EDTA + 3 ml Heparin			Not done	3 ml tube	2 aliquots	1 aliquot		
8	2 ml EDTA + 10 ml Heparin + 3 ml Heparin			10 ml tube	3 ml tube	Not ordered (done by immunology)			

CLINIC VISIT FORM (Page 3 of 5)		Algorithm for laboratory testing if Non-routine Visit AND participant diagnosed with malaria					
Assess the following to determine which option to choose for laboratory testing		Laboratory testing option (circle one selected)					
		9	10	11	12	13	14
Weight in kg		2-4 kg	≥ 5kg	≥ 5kg	≥ 5kg	≥ 5kg	≥ 5kg
Whether participant selected for PBMC collections?		N/A	No	No	No	No	Yes
Whether participant selected to do membrane feeding assays?		N/A	No	Yes	No	Yes	No
Whether parasitology team prepared to do parasite culture?		N/A	No	No	Yes	Yes	No
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	PBMCs	Spin down remaining blood	
						Plasma	RBC pellet
9	2 ml EDTA	Filter paper Hemocue WB qPCR (2 aliquots) WB RNA protect (1 aliquot) WB Paxgene reagent (2 aliquots)	Not done	Not done	Not done	Not done	Not done
10	6 ml EDTA		Not done	Not done	Not done	2 aliquots	1 aliquot
11	4 ml EDTA + 3 ml Heparin		3 ml tube	Not done	Not done	2 aliquots	1 aliquot
12	4 ml EDTA + 3 ml Heparin		Not done	3 ml tube	Not done	2 aliquots	1 aliquot
13	4 ml EDTA + 3 ml Heparin + 3ml Heparin		3 ml tube	3 ml tube	Not done	2 aliquots	1 aliquot
14	2 ml EDTA + 8 ml Heparin		Not done	Not done	8 ml tube	Not ordered (done by immunology)	

Algorithm for laboratory testing if Non-routine Visit AND participant has Non-malarial febrile illness					
Assess the following to determine which option to choose for laboratory testing		Laboratory testing option (circle one selected)			
		15		16	
Weight in kg		≥ 5kg		≥ 5kg	
Whether participant selected for PBMC collections?		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	PBMCs	Spin down remaining blood	
				Plasma in RNA shield	Plasma
15	2 ml EDTA	WB qPCR (2 aliquots) WB RNA protect (1 aliquot) WB Paxgene reagent (2 aliquots)	Not done	1 aliquot	2 aliquots
16	2 ml EDTA + 8 ml Heparin		8 ml tube	Not ordered (done by immunology)	

CLINIC VISIT FORM (Page 4 of 5)			Algorithm for laboratory testing if <u>Immunology visit</u> -if visit falls on date of routine visit, follow routine visit laboratory testing algorithm			
Assess the following to determine which option to choose for laboratory testing			Laboratory testing option (circle one selected)			
			17	18	19	
Weight in kg			5-7 kg	≥ 8kg	≥ 8kg	
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	PBMCs	Spin down remaining blood	
					Plasma	RBC pellet
17	2 ml EDTA + 8 ml Heparin	Thick smear Filter paper WB qPCR (2 aliquots) WB RNA protect (1 aliquot) WB Paxgene reagent (2 aliquots)		8 ml tube	Not ordered (done by immunology)	
18	2 ml EDTA + 10 ml Heparin + 3 ml Heparin		3 ml tube	10 ml tube	Not ordered (done by immunology)	
19	2 ml EDTA + 3 ml Heparin		3 ml tube		Not ordered	

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

CLINIC VISIT FORM (Page 5 of 5)

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 1st trimester of pregnancy = Quinine
☐ Uncomplicated malaria and < 5 kg = Quinine

LABORATORY TEST RESULTS

Blood smear reading ☐ urgent ☐ routine

Test	Result	Initials
Parasite density (/ul)		
Gametocyte density (/ul)		
Hemoglobin (g/dL)		
qPCR (/ul)		
COVID-19 RDT (if tested)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
COVID-19 PCR (if tested)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
Barcode for samples		

If complicated malaria tick all criteria that apply

Danger signs in children <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

Notes:

Initials: