PRISM 2-COHORT STUDY
STUDY ID   3       Patient Initials       Date of mosquito feed       /                 Last First         day         month         year
MEMBRANE FEEDING FORM
Number of mosquitoes fed:   _  Source of mosquitoes (tick one): \( \text{Colony} \( \text{Wildcollected} \)
Type of media (tick one): □Whole blood □Serum replacement □Autologous plasma
Method of feeding (tick one):   Membrane feeding   Skin feeding   Completed by initials:
ISSUES IN PERFORMING THE ASSAY
Blood leaking from feeders: □ Yes □ No
Mosquitoes were not feeding:□ Yes □ No
Date of dissection:   _ /     Number of dead mosquitoes:   _

Completed by initials: |\_\_\_|

day month year

Number of mosquitoes dissected: |\_\_\_|

Mosquito number	Number of oocysts	Stored for PCR (circle one)	Comments	Mosquito number	Number of oocysts	Stored for PCR (circle one)	Comments
1		Yes / No		26		Yes / No	
2	ii_i	Yes / No		27		Yes / No	
3	<u> </u>	Yes / No		28		Yes / No	
4	ii_i	Yes / No		29		Yes / No	
5	<u> </u>	Yes / No		30		Yes / No	
6	ii_i	Yes / No		31		Yes / No	
7		Yes / No		32		Yes / No	
8		Yes / No		33		Yes / No	
9		Yes / No		34		Yes / No	
10		Yes / No		35		Yes / No	
11		Yes / No		36		Yes / No	
12		Yes / No		37		Yes / No	
13		Yes / No		38		Yes / No	
14		Yes / No		39		Yes / No	
15		Yes / No		40		Yes / No	
16		Yes / No		41		Yes / No	
17		Yes / No		42		Yes / No	
18		Yes / No		43		Yes / No	
19		Yes / No		44		Yes / No	
20		Yes / No		45		Yes / No	
21		Yes / No		46		Yes / No	
22		Yes / No		47		Yes / No	
23		Yes / No		48		Yes / No	
24		Yes / No		49		Yes / No	
25	1 i i	Vac / No		50	1 1 1	Vec / No	

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STUDY ID 3     Patient Initials			Date of mosquito feed	_	_ /	_	/		I
	Last	First		day	m	onth	yε	ear	

Mosquito	Number	Stored for	Comments	Mosquito	Number	Stored for	Comments
number	of	PCR		number	of	PCR	
	oocysts	(circle one)			oocysts	(circle one)	
51		Yes / No		76		Yes / No	
52		Yes / No		77		Yes / No	
53		Yes / No		78		Yes / No	
54		Yes / No		79		Yes / No	
55		Yes / No		80		Yes / No	
56		Yes / No		81		Yes / No	
57		Yes / No		82		Yes / No	
58		Yes / No		83		Yes / No	
59		Yes / No		84		Yes / No	
60		Yes / No		85		Yes / No	
61		Yes / No		86		Yes / No	
62		Yes / No		87		Yes / No	
63		Yes / No		88		Yes / No	
64		Yes / No		89		Yes / No	
65		Yes / No		90		Yes / No	
66		Yes / No		91		Yes / No	
67		Yes / No		92		Yes / No	
68		Yes / No		93		Yes / No	
69		Yes / No		94		Yes / No	
70		Yes / No		95		Yes / No	
71		Yes / No		96		Yes / No	
72		Yes / No		97		Yes / No	
73		Yes / No		98		Yes / No	
74		Yes / No		99		Yes / No	
75		Yes / No		100		Yes / No	

## ELISA SAMPLE STORAGE

Date of ELISA storage:   _	_ /  _	Number of mosquitoes stored:
day	month year	
Number of dead mosquitoes:		Completed by initials: