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| **Final Classification Form Form AL 1.10, page 1 of 1** | | |
| Patient name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of visit: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  (day / month / year) | | Code of the  **Stick label here**  Patient: |
| **Final Classification Supervisor** | | |
| What is the final classification of the patient?  Completed the study (no treatment failure or exclusion through day 28)  Therapeutic failure (*describe below and complete section 1.1 below)*:  Other exclusion (*describe below and complete section 1.2 below)*:  Describe reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Section 1** | | |
| 1. therapeutic failure, ***mark all answers that apply from the options below*** | | |
| **Day 1, 2, 3** | 1a. Early Treatment Failure: \_\_\_\_\_\_\_\_\_\_\_:parasites/µL  Presence of parasitaemia and signs of severe malaria or danger signs  Presence of parasitaemia on Day 2 higher than on Day 0  Presence of parasitaemia on Day 3 with an axillary temperature of ³37.5ºC  Presence of parasitaemia on Day 3 ³25% compared to Day 0 | |
| **Day 4-28** | 1b. Late Therapeutic Failure: \_\_\_\_\_\_\_\_\_\_\_:parasites/µL  Presence of parasitaemia and signs of severe malaria or danger signs  Presence of parasitaemia and an axillary temperature ≥ 37.5 ⁰C  Presence of parasitaemia and an axillary temperature < 37.5 ⁰C on or after day 7 | |
| Other reason for exclusion, ***mark all answers that apply from the options below*** | | |
| **Day 1-28** | 2a. Signs of severe malaria or danger in the absence of parasitaemia during follow-up  2b. Presence of another Plasmodium species other than falciparum during follow-up  2c. Took another medicine with antimalarial effect during follow-up  2d. Did not complete treatment (vomiting, adverse effects, missed dose, etc).  Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2e. Abandonment  Which day of follow up was the last visit? 012 3714 212835  Other (Specify): \_  2f. Parents or caregivers have withdrawn consent  2g. Incorrect registration of a child outside the inclusion and exclusion criteria  2h. Any failure on the part of the study staff.  Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2i. Child had an illness that interfered with the final classification.  Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Section 2** | | |
| Refer to the clinic to receive treatment as recommended by the NMCP in the event of treatment failure, any sign of danger or serious illness, adverse effects to treatment, or presence of another Plasmodium species. | | |

Name of the staff member completing the form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor's name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_