

### SAMPLE PROCESSING AND STORAGE CHECKLIST - Infant

**INDiGO VISIT: Month** ☐ One ☐ Two ☐ Three ☐ Four  
☐ Five ☐ Six ☐ Seven ☐ Eight  
☐ Nine ☐ Ten ☐ Eleven ☐ Twelve

Participant ID
IN - C - ____

Date (dd-mmm-yyyy): \_\_\_\_\_

### INFANT BLOOD

FP ☐ Yes  
☐ No

FBC ☐ Yes  
☐ No

DBS ☐ Yes  
☐ No

	EDTA	LithHep
Volume of Parent Sample		
Number of aliquots		
Volume of last aliquot		
Time of processing (24hrs)	__ : __	__ : __

\* Complete aliquot for infant blood is 0.5ml

\*FP: Finger Prick, FBC: Full Blood Count, DBS: Dried Blood Spot

Processed by \_\_\_\_\_

### INFANT STOOL

	Infant Stool
Volume of parent sample	
Number of aliquots	
Volume of last aliquots	
Time of processing (24 hrs)	__ : __

\* Complete aliquot for infant blood is 1.0ml

Processed by \_\_\_\_\_

STORAGE	DBS	Blood	Stool
Freezer	X	F60723	F60723
Compartment			
Box number			
Position			
Storage time (24hrs)	__ : __	__ : __	__ : __

Stored by \_\_\_\_\_

Comments:

Version	1.0	Date	1 August 2024
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