**SAMPLE PROCESSING AND STORAGE CHECKLIST** *- Infant*

**INDiGO VISIT:** *Month* One Two Three Four

Five Six Seven Eight

Nine Ten Eleven Twelve

|  |  |
| --- | --- |
| **Date** *(dd-mmm-yyyy)*: |  |

|  |
| --- |
| **Participant ID** |
| IN – C - \_\_ \_\_ \_\_ \_\_ |

|  |
| --- |
| **INFANT BLOOD** |

FP Yes

No

FBC 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***

DBS Yes

No

**\*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:**