

## **SPECIMEN COLLECTION FORM**

Participant ID number: SUBJID	Family ID Number: FID				
1 0 2 - 0 -					
Date of Blood Draw: SC_BLDDAT  Day  Month  Year	Time of Visit (24 hour clock):  SC_BLDTIN				
Was the blood draw performed? SC_BLDDRW	Refused Participant otherwise unavailable				
Yes  No If NO blood draw, reason:	Work Unable to draw blood				
SC_NODRW	School Inadequate time				
	☐ Travel ☐ Other				
Check type of participant: SC_PTCPT  Index Case 1	Household Contact <sup>2</sup>				
Visit: SC_ICVST	Visit: SC_HHCVST				
Baseline visit	Baseline visit				
Month 1 (repository only)	Active TB				
Month 2 visit	Month 12 visit (controls only)				
☐ Treatment failure					
Month 6 or 7 visit (repository and/or controls only)					
1) Number of PAXgene tubes (2.5mL): SC_PAXGENEA	1) Number of PAXgene tubes (2.5mL): SC_PAXGENEB				
$ \begin{array}{c ccccc}  & 1 & & 2 & & 3 & & & \text{Not Collected} \\  & 1 & & 2 & & 3 & & 9 \end{array} $	1 2 3 Not Collected				
2. Blood for CBC (4 mL) (Baseline only) SC_CBCA  Collected Not Collected	If the participant developed active TB or was selected as a control, was the following collected:				
	1. Blood for CBC (4 mL): SC_CBCB				
If the participant had treatment failure or was selected as a control, was the following collected:	Collected Not Collected				
1. Blood for helminth serology (5 mL): SC_HLMNTHA	2. Blood for helminth serology (5 mL): SC_HLMNTHB				
Collected Not Collected	Collected Not Collected				





Participant ID number:				St	SUBJID2						
	1	0	2	-	0					-	

INDEX CASE	HOUSEHOLD CONTACT					
If participant is enrolled in the specimen reposito was the following collected:	If participant is enrolled in specimen repository, was the following collected AT BASELINE or when ACTIVE TB developed:					
SC_GENOTYPA	SC_GENOTYPB					
1) Whole blood for genotyping (10mL) (BASELINE o		1) Whole blood for genotyping (10mL) (ACTIVE TB only):				
Collected Other volume Not collected Specify:  Specify:  Market SC_GENOVOLA  ML		Collected Other volume Not collected  Specify:  SC_GENOVOLB  mL				
2) PBMCs (8mL): SC_PBMCA		2) PBMCs (8mL): SC_PBMCB				
Collected Other volume Not col	llected	Collected Other volume Not collected				
Specify: SC_PBMCVOLA		Specify: SC_PBMCVOLB  mL				
3) Quantiferon-Gold: SC_QTFA	3) Quantiferon-Gold:					
Collected Not Collected		Collected Not Collected SC_QTFB				
4) PAXgene tube: SC_PAXCPA		4) PAXgene Tube:				
Collected Not Collected		Collected Not Collected SC_PAXCPB				
5) Urine for Storage (10 mL): SC_URINEA	5) Urine for Storage (10 mL): SC_URINEB					
Collected Not Collected		Collected Not Collected				
6) Sputum for storage (Baseline, M1, M2, tx failure SC_Sputum/	6) Sputum for storage (ACTIVE TB only): SC_SputumB  Collected Not Collected					

Name of Nurse:	SC_NAME	
Signature of Nurse	SC_SIGN	
Date Completed:	Day / Month / Year SC_COMPDAT	