

## FECES COLLECTION AND TESTING

Participant ID: SUBJID

1 0 2 - 0 -

Date specimen containers given to participant:

Day Month Year

FC\_GIVEDAT

Date specimen containers retrieved:

Day Month Year

FC\_RECDDAT

Family ID:

FID

Test run: FC\_TEST

☐ Initial☐ Confirmation

## Legend A For Parasites:

01. Ancylostoma duodenale (eggs)
02. Ascaris lumbricoides (eggs)
03. Cryptosporidium parvum (oocysts)
04. Diphylobothrium (fish tapeworm) (eggs)
05. Entamoeba histolytica; Entamoeba dispar (cysts)
06. Enterobius vermicularis (eggs)
07. Giardia lamblia (cysts)
08. Hymenolepis nana (dwarf tapeworm) (eggs)
09. Isospora belli (oocysts)
10. Schistosoma mansoni (eggs)
11. Strongyloides stercoralis (larva)
12. Taenia solium (pork tape worm) (eggs)
13. Taenia saginatum (beef tapeworm) (eggs)
14. Trichuris trichiura (eggs)
15. Indistinguishable (eggs)
16. Other
17. No Parasite found

## Legend B For Commensals:

1. Blatocystis hominis ("cyst-like")
2. Entamoeba coli (cysts)
3. Endolimax nana (cysts)
4. Iodamoeba butschlii (cysts)
5. No Parasite found

1. Sample	2. Consistency	3. Technique Used	4. Date of Processing	5. Parasites <i>If more than 4 detected, make a note on "other" line.</i> Legend A	6. Commensals Legend B
1st Sample <input type="checkbox"/> Not collected FC_NOCOLL1	<input type="checkbox"/> Liquid <input type="checkbox"/> Formed <input type="checkbox"/> Hard FC_CONSIST1	<input type="checkbox"/> Spontaneous sedimentation <input type="checkbox"/> Kato-Katz <input type="checkbox"/> Agar plate FC_TECH1	Day Month Year FC_PROCDAT1	FC_PARAS1_1 FC_PARAS1_2 FC_PARAS1_3 FC_PARAS1_4 Code: <input type="text"/> Eggs/g: <input type="text"/> If other (16), specify type and eggs/g: FC_OTHER1	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 FC_COMEN1
2nd Sample <input type="checkbox"/> Not collected FC_NOCOLL2	<input type="checkbox"/> Liquid <input type="checkbox"/> Formed <input type="checkbox"/> Hard FC_CONSIST2	<input type="checkbox"/> Spontaneous sedimentation <input type="checkbox"/> Kato-Katz <input type="checkbox"/> Agar plate FC_TECH2	Day Month Year FC_PROCDAT2	FC_PARAS2_1 FC_PARAS2_2 FC_PARAS2_3 FC_PARAS2_4 Code: <input type="text"/> Eggs/g: <input type="text"/> If other (16), specify type and eggs/g: FC_OTHER2	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 FC_COMEN2
3rd sample <input type="checkbox"/> Not collected FC_NOCOLL3	<input type="checkbox"/> Liquid <input type="checkbox"/> Formed <input type="checkbox"/> Hard FC_CONSIST3	<input type="checkbox"/> Spontaneous sedimentation <input type="checkbox"/> Kato-Katz <input type="checkbox"/> Agar plate FC_TECH3	Day Month Year FC_PROCDAT3	FC_PARAS3_1 FC_PARAS3_2 FC_PARAS3_3 FC_PARAS3_4 Code: <input type="text"/> Eggs/g: <input type="text"/> If other (16), specify type and eggs/g: FC_OTHER3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 FC_COMEN3

Signature: FC\_SIGN

Initials:

FC\_INIT

Date of CRF Completion:

FC\_COMPTDE

Day / Month / Year



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