Specimen Collection Form, STOP Buruli Project

A. Institutional information

Health facility: ______________________________

District ______________________________

B. Patient Information

Name of patient: ______________________________ Age (yrs):_____ Sex: ☐M ☐F

Health facility ID: ____________ Date of Admission: ___/___/___

Residential address/Village:

Sub-district: District:

Occupation:

Source of drinking water: Tap☐ Bore hole/well ☐ River/stream ☐ Pond ☐

Classification: ☐ New ☐Recurrent

Duration of lesion before seeking care:

History of cases in family/relatives/friends: Yes☐ No ☐ Specify ....

History of trauma at site of lesion: Yes☐ No ☐

Use of traditional treatment: Yes☐ No☐

BCG vaccination/scar: Yes☐ No ☐

Pain: Yes☐ No☐

C. Location of lesion:

Upper limb: right☐ left☐ Abdomen☐ Back☐ Head & neck☐

Lower limb: right☐ left☐ Thorax☐ Bottucks/ perineals☐

D. Clinical form(s):

☐Nodule(N) ☐ Plaque(Q) ☐ Oedema(E) ☐ Ulcer(U) ☐ Osteomyelitis(O)

Category:

Date of specimen collection:___/___/___ Type of specimen: ☐Swab ☐ FNA

☐Punch biopsy

☐Biopsy ☐ Blood

E. Reasons for laboratory request:

☐New patient ☐ Recurrent case(last SR treatment: date /month___/____)

☐Follow up during treatment:_____ days of SR treatment

☐Follow-up after SR treatment: _______ weeks of treatment

☐ Histopathology ☐ Culture

____/_____/_____

Date specimen sent to lab   Name of person making request

II. This section should be completed by the laboratory

Date specimen received in laboratory ___/___/____

Summary Results

Examination			Date
ZN	☐	☐	/ /
PCR	☐	☐	___/___/___
Histopathology	☐	☐	___/___/___
Culture	☐	☐	___/___/___

________________________________ ___/___/____

Name of person providing results   **Date**

Signature

NMIMR ID #