EPHI: put PODTEC barcode here

Clinic: put ASTTIE UPIC barcode here

GENERAL INFORMATION, TO BE FILLED BY CLINIC SITE COORDINATOR				
Name of clinic:				
Name of person preparing				
stool sample for submission:				
Cell phone number:				
Name of participant:				
Participant eligible because	☐ on sputum/NGA	tick all options that apply		
Xpert-Ultra MTB-positive:	☐ on stool	note: if no option applies,		
		the child is not eligible for PODTEC		
When did the child start TB	/	note: if it is >5 days after		
treatment?	DD / MM / YYYY	start of TB treatment, the		
treatment.	☐ treatment has not (yet) started	stool cannot be submitted		
What is the stool number		tick only one option		
	O first stool (used for diagnosis in ASTTIE	tick only one option		
submitted?	project)			
	O second stool			
	O third stool			
INFORMATION RETRIEVED FROM PARENT/CAREGIVER, TO BE FILLED BY NURSE RECEIVING SAMPLE				
Date and time that stool was	//:			
collected	DD / MM / YYYY HH : MM			
Where was the stool collected?	O on-the-spot in clinic, collected by nurse	→ go to next page		
	O on-the-spot in clinic, collected by	→ go to next page		
	caregiver			
	O at the home of the caregiver			
Where was the sample stored	O at room temperature:°C*	tick only one option		
before it was brought to the	O in the caregiver's refrigerator	*enter estimated		
clinic?		temperature		

How long did the caregiver	:		enter estimated time
travel from his/her home to	HH: MM		
the clinic?			
Where were the samples kept	O at outside temperature:	°C*	tick only one option
during the transport?	O other, specify:	°C*	*enter estimated
			temperature
Date and time of sample	//	:	
receipt from parent/caregiver:	DD / MM / YYYY	HH: MM	
INFORMATION RETRIEVED FROM LABORATORY STORING STOOL BEFORE TRANSPORTATION			
Before sample pick-up by	O at room temperature:	°C*	tick only one option
EPSE , the sample was stored:	O in the refrigerator		*enter estimated
			temperature
Date and time of sample pick-	//	:	
up by EPSE:	DD / MM / YYYY	HH : MM	
INFORMATION TO BE FILLED BY	EPHI LABORATORY TECHNICIAN	l	
Date and time of sample	//	•	
received at EPHI:	DD / MM / YYYY	HH : MM	
Was the sample transported in	O yes, from end-to-end		tick only one option
cold-chain?	O yes, partly	°C*	*enter estimated
	specify:		temperature
	O no	°C*	note: option "unknown" should be avoided by asking
	O unknown		EPSE courier for transport
			conditions
What is the stool number	O remainder of first stool (this is the sample		tick only one option
received according to EPHI	used for the diagnosis of TB)		
information?	O second sample		
	O third sample		
Appearance of the stool	O formed (solid)		tick only one option
sample:	O unformed (soft)		
	O taking the shape of the cont	ainer (liquid)	
Stool weight	gram		please measure!
	Brain		•