HEADER

SPUTUM SPECIMEN TRANSPORT FORM
COHORTS A AND B

Participant ID: SUBJID

Visit Date: VISDAT
D D M O N Y Y Y Y

Visit Type: VISIT

COHORT A: ☐ B/L ☐ M1 ☐ M2 ☐ End of TX ☐ TX F/R/W

COHORT B: ☐ TB Activation Eval

Instructions: Complete one form for each sputum specimen collected.

TRANSPORT

A. SPECIMEN COLLECTION: To be completed by study staff collecting and/or receiving specimen from participant

1. Date of specimen collection: COLLDAT
D D M O N Y Y Y Y
2. Time of specimen collection: COLLTIM *(24-hour clock)*
H H M M
3. Specimen number: ☐ 1 ☐ 2 COLLNUM
4. Method of collection: COLLMBMETH
☐ Expectorated ☐ Induced ☐ Gastric lavage ☐ Nasopharyngeal aspiration
5. Timing of collection: ☐ First morning ☐ Spot COLLTMG
6. Location of collection: ☐ Home ☐ Outpatient (Clinic) ☐ Inpatient (Hospital) COLLLOC
7. Estimated sputum volume: ☐☐ mL COLLVOL
8. Name of person completing form: COLLTID _____
9. Signature of person completing form: COLLSIG _____

PID: ☐☐☐–☐☐☐☐☐☐☐☐☐☐–☐

Visit Date: ☐☐–☐☐☐–☐☐☐☐

B. SPECIMEN RECIEPT: To be completed by processing laboratory staff.

1. Date received in the Lab: ☐☐-☐☐☐☐ RECDAT
   D D M O N Y Y Y Y
2. Time received in the Lab: ☐☐☐☐ RECTIM ***(24-hour clock)***
   H H M M
3. Lab accession number: ☐☐☐☐☐☐☐☐ LBACCID
4. Specimens refrigerated or kept on ice upon receipt? ☐ Yes ☐ No RECREFR
5. Specimens received in good condition? *(i.e., container is intact and properly labeled, no leakage, transported at proper temperature)*: ☐ Yes ☐ No ***(If no, please specify in Section C)***
   RECGOOD
6. Name of lab technician: RECID _____
7. Signature of lab technician: RECSIG _____

COMMENT

C. COMMENTS: Problems with specimen collection, transport, or receipt, etc. COMMND ☐ N/A

COMMENT
_____
_____
_____
_____
_____