**Attachment 7 — Laboratory Results Form**

Form Approved

OMB No. 0920-XXXX

Exp. Date xx/xx/xxxx

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| **STUDY INFORMATION: RT-PCR** | | | | |
| **Question** | **Pre-coded Responses** | **Codes** | **Skip to** | **Code Boxes** |  |
| Study participant ID |  |  |  |  |  |
| Name and code number of BMA/Lab Ass | Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Date of first analyses | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Day | Month | Year |  |
| Laboratory name: | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Day | Month | Year |  |
| Comments on specimens: | (comment) (date) |  |  |  |  |
| (e.g. not enough material, accidents in handling, other disturbances, record specimen and date) | (comment) (date) |  |  |  |  |
|  | (comment) (date) |  |  |  |  |
|  | (comment) (date) |  |  |  |  |
|  | (comment) (date) |  |  |  |  |

Public reporting burden of this collection of information is estimated to average 10minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

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| **RT-PCR**  **result** | (DATE) | (DATE) | (DATE) | (DATE) | (DATE) | (DATE) | (DATE) | (DATE) | (DATE) | (DATE) | (DATE) | (DATE) |
| Check if study ID matches all containers and vials | yes | yes | yes | yes | yes | yes | yes | yes | yes | yes | yes | yes |
| Semen | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg |
| Vaginal secretion | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg |
| Breast Milk | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg |
| Cervix secretion | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg |
| Urine | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg |
| Sweat | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg |
| Saliva | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg |
| Rectal swab | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg |
| Tears | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg | Pos Neg |
| Pos specimen frozen for further transport | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |

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| **STUDY INFORMATION: Virus Isolation** | | | | |
| **Question** | **Pre-coded Responses** | **Codes** | **Skip to** | **Code Boxes** |
| Study participant ID |  |  |  |  |
| Name and code number of BMA/Lab Ass | Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Date of analyses | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Day | Month | Year |
| Name of laboratory | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Day | Month | Year |
| Comments on specimens: | (comment) (date) |  |  |  |
| (e.g. not enough material, accidents in handling, other disturbances, record specimen and date) | (comment) (date) |  |  |  |
|  | (comment) (date) |  |  |  |
|  | (comment) (date) |  |  |  |
|  | (comment) (date) |  |  |  |

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| **Virus isolation** | (DATE) | (DATE) | (DATE) | (DATE) | (DATE) | (DATE) | (DATE) | (DATE) | (DATE) | (DATE) | (DATE) | (DATE) |
| Check if study ID matches all containers and vials | yes | yes | yes | yes | yes | yes | yes | yes | yes | yes | yes | yes |
| Semen | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg |
| Vaginal secretion | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg |
| Breast milk | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg |
| Cervix secretion | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg |
| Urine | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg |
| Sweat | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg |
| Saliva | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg |
| Tears | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg |
| Rectal swab | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg | Pos neg |