STUDY NAME:

LOG SHEET

Canine Leptospirosis Surveillance, Puerto Rico

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Study ID (ex. A003)	Clinic/Shelter ID	Owner Last Name (write "N/A", if shelter)	Dog's Name	Gender	Date Illness Onset (mm/dd/yy)	Lepto Rapid Test #1	Lepto Rapid Test #2*	Specimens Collected for Shipment Select all that apply.	
Place ID label here				□ M □ F		Date: //	Date: //	Date:/	/ Blood Culture
Trace is laser liefe				☐ MC ☐ FS		☐ Negative ☐ Positive	☐ Negative ☐ Positive	☐ Serum ☐ Urine (cysto)	☐ Urine Culture ☐ Kidney Tissue
				□м		Date:/	Date: //	Date: / ☐ Blood	/ Blood Culture
Place ID label here				☐ F ☐ MC ☐ FS		☐ Negative ☐ Positive	☐ Negative☐ Positive	☐ Serum ☐ Urine (cysto)	☐ Urine Culture ☐ Kidney Tissue
				□м		Date: //	Date://	Date: / ☐ Blood	/ Blood Culture
Place ID label here				☐ F ☐ MC ☐ FS		☐ Negative ☐ Positive	☐ Negative ☐ Positive	☐ Serum ☐ Urine (cysto)	☐ Urine Culture ☐ Kidney Tissue
				□ M		Date://	Date://	Date: / ☐ Blood	/ Blood Culture
Place ID label here				☐ F ☐ MC ☐ FS		☐ Negative ☐ Positive	☐ Negative ☐ Positive	☐ Serum ☐ Urine (cysto)	☐ Urine Culture ☐ Kidney Tissue
Place ID label here				□ M		Date: //	Date: //	Date: / ☐ Blood	/ Blood Culture
Place ID label Пеге				☐ MC ☐ FS		☐ Negative ☐ Positive	☐ Negative ☐ Positive	☐ Serum ☐ Urine (cysto)	☐ Urine Culture ☐ Kidney Tissue
				□м		Date:	Date://	Date: /	/ Blood Culture
Place ID label here				☐ F ☐ MC ☐ FS		☐ Negative☐ Positive	☐ Negative☐ Positive	☐ Serum ☐ Urine (cysto)	☐ Urine Culture ☐ Kidney Tissue
Gender: M = male MC = male, castrated *Lepto Rapid Test #2: Perform test #2 if the first lepto rapid test was negative and									

F = female

FS = female, spayed

blood was collected <7 days after symptom onset.

of ____

Public reporting burden of this collection of information is estimated to average 1 minute 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).