

STUDY NAME:

LOG SHEET

Canine Leptospirosis Surveillance, Puerto Rico

Clinic/Shelter Name: _____

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				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS		Date: ___/___/___ <input type="checkbox"/> Negative <input type="checkbox"/> Positive	Date: ___/___/___ <input type="checkbox"/> Negative <input type="checkbox"/> Positive	Date: ___/___/___ <input type="checkbox"/> Blood <input type="checkbox"/> Blood Culture <input type="checkbox"/> Serum <input type="checkbox"/> Urine Culture <input type="checkbox"/> Urine (cysto) <input type="checkbox"/> Kidney Tissue
Place ID label here				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS		Date: ___/___/___ <input type="checkbox"/> Negative <input type="checkbox"/> Positive	Date: ___/___/___ <input type="checkbox"/> Negative <input type="checkbox"/> Positive	Date: ___/___/___ <input type="checkbox"/> Blood <input type="checkbox"/> Blood Culture <input type="checkbox"/> Serum <input type="checkbox"/> Urine Culture <input type="checkbox"/> Urine (cysto) <input type="checkbox"/> Kidney Tissue
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Gender: M = male MC = male, castrated
 F = female FS = female, spayed

*Lepto Rapid Test #2: Perform test #2 if the first lepto rapid test was negative and blood was collected <7 days after symptom onset.