

Blood Collection	
Participant ID	_____
Name of Assessor	_____ (free type)
Name of Data Clerk	_____ (free type)
Date of assessment	_____ (day - 2 digits) _____ (month - 2 digits) _____ (year - 4 digits)
Time and Location	
Time of blood collection	_____ (4 digits)
Location of blood collection	_____ (free type)
Number of specimen tubes filled	_____ (1 digit)
Zika Virus	PRNT
Liver function	Alanine transaminase (ALT) Aspartate aminotransferase (AST)
Kidney function	Creatinine
Thyroid dysfunction	Free T3 Free T4
Lead levels	Blood lead levels
Anemia	Hematocrit Serum ferritin Serum iron Total iron binding capacity (TIBC)