

KNMS Lab Sample Tracking Form

Team # _____

Date _____ / _____ / 2011
Day Month

Cluster #: _____

Time frozen cold packs placed in *field* cold box _____ : _____
Hour Minute Temp Field lab initials

	HHID #	Target Group (e.g., PSC)	Label ID # (4 digit #)	Sample (<i>write blood, urine, or stool</i>)	Volume (ml)	Comments	Field lab Technician Sign	Cluster lab Technician Sign
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								

Name of Field
Lab Technician

Signature of Field
Lab Technician

ID of Field
Lab Technician

Name of Cluster
Lab Technician

Signature of Cluster
Lab Technician

ID of Cluster
Lab Technician