Patient Name: ______________________________ Patient Age: |____|____| . |____|

Patient Sex: Male ☐ Female ☐

FORM SLF3 - EMBLEM TRACKING FORM FOR CASE SUBJECTS

- Date Consent Signed (DDMMYYYY): |__|__|/|__|__|/|__|__|__|__| , check appropriate tiers of consent:

  Questionnaire ☐ 1 Specimens ☐ 1 Storage ☐ 1

- Date of Clinical BL Diagnosis (DDMMYYYY): |__|__|/|__|__|/|__|__|__|__|

- Was a BL related biopsy performed at this hospital during this admission?

  Yes ☐ 1 No ☐ 2

  → Where was biopsy performed? ______________________________

  Was consent obtained to request specimen?

  Yes ☐ 1 Date of Specimen Consent (DDMMYYYY): |__|__|/|__|__|/|__|__|__|__|

  No ☐ 2 COMMENTS: ____

  ____

- Does subject want to know the results of HIV testing? Yes ☐ 1 No ☐ 2

Check the appropriate box to indicate final status for each of the following activities:

Activity	**Completed** **1**	**Not Done** **2**	**Reason Not Done-**Use the following codes to report reason that an activity was not done: 1= test/procedure not ordered 2=unable to obtain specimen 3=equipment out of order 4=subject refused at consent 5= subject refused after consent 6=other, specify ___________
Interview questionnaire	☐	☐	|__|
Height and Weight	☐	☐	|__|
Tumor Anatomic Site	☐	☐	|__|
Histology specimen and report obtained	☐	☐	|__|
Saliva specimen collection	☐	☐	|__|
Blood for research	☐	☐	|__|
HIV testing	☐	☐	|__|
CBC w/differential and ESR	☐	☐	|__|
Liver function tests	☐	☐	|__|
Renal function tests	☐	☐	|__|
Malaria thin smear	☐	☐	|__|
Malaria thick smear	☐	☐	|__|
Rapid Malaria Test	☐	☐	|__|
Stool microscopy	☐	☐	|__|
Chest x-ray	☐	☐	|__|
Abdominal ultrasound	☐	☐	|__|
Bone marrow aspirate	☐	☐	|__|
Lumbar puncture	☐	☐	|__|

Hospital ID
(stick label here)

Initials/Date
Transcribed by: ________________________
Checked by: ________________________

Subject ID
(stick label here)